of information should carefully be supplied.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) OF DI (For newborn Infants give residence of r	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State We Virginia County Berkley  City or town Martinsburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)		
			State W. Virginia Cour			
			City or town Nartinsburg			
		L_day	Street No(If rural give	LOCATION	1	
			2(a) IF VETERAN, NAME WAR		<b>V</b>	
3. (a) FULL NAM			2(4) 11 2221111 11 11 11 11 11 11 11 11 11 1		V 1	
J. (a) I OLL MAIN	L	Jack Wayne Alb	right	3. (b) Social Security None	Number	
4. Sex Male	5. Color or race White	6.(a) Single, married, widowed, or divorced Single	MEDICAL CEI		at 1: 4 Ch;	
		6(c) If allve, give age	21. I CERTIFY that death occurred on the date abou	re stated; that I attended decea		
7 Bloth date of	yr.) Aprąl		and that I last saw halive on	2/2	19.75	
8. AGE: Year	s Months	Days   If less than one day	Immediate cause of death	neumocreus	OURATION	
		hrs	min.	Type 18		
9. Birthplace	artins bull	rg- Berkley Co. county, and atate)	Due to			
	None					
11. Industry or busines		•	Due to			
		C. Albright	Sost	A		
13. Riribniace	Berkley	C. Albright y Co., W. Va.	Diher conditions of the conditions	11 securistante		
<b>E</b>		O. Naquin	(Include pregnancy within 8 n	nonths of death)	DUVCICIAN	
		lu, Hawaii	Of operations		PHYSICIAN Please underlie	
		-			the cause to whi	
		ell D. Albright			charged statisti-	
Address	rtinsburg	g, W. Va.	Of autopsy		( Carry)	
17. Buria	1	Dete thereof Peb. 5.	1945 22. VIOLENCE: If death was due to external cause			
(Burlal, cremation	, or removal. Which?	(month) (day) (ye	eur) Accident, Suicide, of nomicide			
Cemetery or cremat	and the second second	ale Cemeter	Where did injury occur?(City or town)	(County)	(State)	
Location _7/4	munsu	ewy, W. Va.	Injured at home, farm, Industry, public place (v			
1B. Funeral director	Howard I	K. Brown	Means of Injury	Injured at work?		
	rtinsbur		2,403		MD	
7=0-	1 45	Cha HBarrens	23. SIGNATURE	/ M. D. o	or other	
(Date rec'd by r	egiatrar)	Registrar	Hacerstonen	. md	2/2/43	

PRINCIPLE OF DEATH

FEB 13 1945
BURLAU V.S.

2411 N. Charles St., Baltimore (3-2)

#### CERTIFICATE OF DEATH

Reg. Dist. No. ......30./

1. PLACE OF DEATH:  County Williamsport  City or town Williamsport  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Lifetime  How long in hospital or institution?					or town	Count S.D.O.T.1  with limits,  nrai, give L	write RURAL and give n	nearest town)
3. (a) FULL NAM		Page	a d				3. (b) Social Securit	y Number
4. Sex	Monahan  1 5. Color or race		Q . married, widowed, or divorced	11		4. 0.		
Female	White	u.(G)Singi	Widow	20.			RTIFICATION	- 3 A
7. Birth date of	0-+		nry Beard ) It alive, give age	21.	I CERTIFY that death occurred on the	L19.14		1.0 19.4 3
8. AGE: Years		Dava	11 less than one day	- Im	nediate cause of death	*************		DURATION
75	7	27	hrs.	min.	Welson and	0.0-	(P)	10 4 1
9. 6irthplace				Due Due	to topic thy	يميد	Q	1941
12. Name	eter Lig Borkele	1 4 -	men W.Va.	Othe	er conditions			
14. Maiden name.	Willia	igke mst	ort, md.	1	(Include pregnancy or findings of operations		************************************	
	ncy Beard 11iamspo		1.	PH	opsy results	nse to which	ch death shanld be charge	d statistically.
Burial Burial Feb. 12 1945  (Burial, cremation, or removal, Which?)  Riverview Cemetery  Cemetery or crematory.				Acc	VIOLENCE: If death was due to exident, suicide, or homicideere did injury occur?	000 00 00 00 00 00 00 00 00 00 00 00 00	Date o1	
Location Williamsport, Maryland					red at home, farm, industry, public			
18. Funeral director Edith V Leaf  Address #7 Church St. Williamsport, Md.					ans of Injury	2	Injured at work?	
19. ZL (Date rec'd by re	12 1845°	m	ro E Le Mil	Bless	SIGNATURE WILLIAM	The	+ Weel)	0. or other 2/4/45

WRITE PLAINLY, WITH UNFADING TNK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

RESERVED FOR BINDING

MARGIN



Supply every item of information carefully. The correctance write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physician: pi

19. Feb. X-15 1945

MARGIN RESERVED FOR BINDING

VS A15

#### 2411 N. Charles St., Baltimore 1700 CERTIFICATE OF DEATH

376

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number
August A. Deyo	S. (0) Social Security Number
1. Sex   5. Color or race (d(a) Single, married, widowed, or divorced)   White Single.	MEDICAL CERTIFICATION  20. DATE OF DEATH
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Years Months Days It less than one day  9. Birthplace (Town, county, and state)  10. Usual occupation State Samataniand  11. Industry or business Ad. State Samataniand  12. Name Samatanian States  13. Birthplace In Agency States	Due to  Due to  Other coodilions.
14. Maiden name Augusta (unknown)  15. Birthplace  16. Interment Mos Emmes  Address 2116 D. Fuelton Ose Belto . The	(Include pregnancy within 3 months of death)  Major findings of operations
17. (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide.  Where did injury occurry (City or town)  (City or town)  (County)  (State)
18. Funeral director. M. S. Stempen O. S. St	23. SIGNATURE T. KINDWells wash. Co. net

Address/.



VS A15

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80
100

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1314)

#### CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH	Reg. Dist. No. 302	
1. PLACE OF DEATH:  County (If outside city or town limits, write RURAL and give nearest town)  Row long in above place of death?  Hospital, institution, or street address where death occurred:  LO 9 1 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
3. (a) FULL NAME		3. (b) Social Security Number	
Cora R. BLoom			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
Female White Widow	20. DATE OF DEATH February 25		
6.(6) Name of husband or wife Edward S. Bloom  5.(c) If allve, give age years  7. Birth date of deceased (mo. day, yr.) Qugus + 6 - 1868	21. I CERTIFY that death occurred on the date above December 5, 1941  19	slated: that I atlended deceased from	
deceased (mo., day, yr.) Kugus + 6 - 1868  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION	
76 6 19hrsmin.	Hypostatic pneumonia	2 days	
9. Birthplace Ti-L9h manton-Wash. Co. md (Town, county, and state)  10. Usual occupation. Hausewife	Chronic congestive my	ocardial ilure 4 yrs	
11. Industry or business  12. Name Dacob Smith	Other conditions Chronic nephri	tis 3 yrs	
12. Name Jacob Smith  13. Birthplace Titgh manton md.	(Include pregnancy within 3 mo		
14. Maiden name Margaret Jusang  15. Birthplace Tilghmanton md	Major findings of operations		
16. Informant Frank h. Bheam	Antopsy results		
Address Bahtimore Ind.			
(Burial, cremation, or removal, Which?)  Oate thereof, 50 27 - 19 41 (month) (day) (year)	22. VIOLENCE: If death was due to external cause: Accident, suicide, or homicide	Date of	
Cemetery or occurrency N.O.S.R. H.L.L.	Where did injury occur?(City or town) Injured at home, farm, ladustry, public place (where	(County) (State)	
Location Hagerstown mo.	Meaos of Injury	Injured at work?	
18. Funeral director 6. m. Sater 4 Sens	BOS1/.	2 111	
Zo O- 17 15 Bless HBruss Al	23. SIGHATURE OF SIGHATURE	M. D. or other	
19. Teld 1840 Charge Special Registrar Registrar	Address 148 W. Washington S		



PLEASE

**VS A15** 

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

	Aug. District
I. PLACE OF DEATH:  County Washington  Dity or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?.  Hospital, lostitution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution? 1 day  3. (a) FULL NAME  Henry Ellis Bowers	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
4. Sex Nale   5. Color or race   6.(a) Single, married, widowed, or divorced   Single	MEDICAL CERTIFICATION  20. Date of Death 19.45 at 10 P. N  21. I CERTIFY thet dysth occurred on the date above stated; that I attended dysceased from
8. (6) Name of husband or wife	and that I last saw h Associative on 2 3 19.4.5  Immediate cause of death DURATION
8. Birthplace	Due to
12. Name. Alva E. Bowers  13. Birthplace Norgan Co., W. Va.  14. Malden name. Nazie Marie Rankin  15. Birthplace Ckerry Run, W. Va.	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant Alva E. Bowers.  Address Cherry Run, W. Va.  17. Burial (Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Antopsy results
Cemetery or crematory Snyders Chapel Worgan Co.  Location Sleepy Creek Dist. W. Va.  18. Funeral director Howard K. Brown  Address Martinsburg, W. Va.  19. Jeb 5 145 Less Brown  Registrar  Registrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  injured at work?  23. SIGNATURE.  M. D. or other

FEB 13 1945
BUREAU V.S.

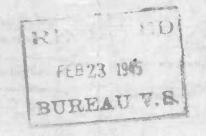
2411 N. Charles St., Baltimore 93-d

Dr. Wells (12(195)

#### CERTIFICATE OF DEATH

1121195 Reg. Dist. No. 302

The control of the	1. PLACE OF DE		4 4		2. USUAL RESIDENCE (HOM) (For newborn infants give residen	E) OF DECEASED:		
City of tom. Cit outside city or town limits, write RURAL and give nearest town)  Rive long in above piace of dealth. 2 Years.  Service of the service of the service dealth occurred:  Service of the service of the service dealth occurred:  Service of the servic	County	TY WITH WHAT PERSON			Manueland	Wasi	ington	
Now long in above paints of death).  2 Years  Respilat. Sestitubles. or when dates where Authorourest  327 Weat Washington Street.  Now long in hospital or institution?.  None  3. (a) FULL NAME  Charles William Brown  3. (b) Social Security Number  7. (Grantal Street Respiration of the Street Respiratio	City or iowa					WITHIN OWNER ANY	Frehlig @	
Sirest No. or steered andress where them occurred to the position of the pos	(If oddside city or town limits, write RORAL and give hearest town)					City or town	S TOWN	nd give nearest town)
None  Solve to the pospilar of healthcline?  None  3. (a) Full NAME  Charles William Brown  4. Set  Charles William Brown  A. Set  S. Golor or race  S. Golo	Mospitat, testitution, or	street address where t	leath occurred		*******	327 West V	Washing to	1
3. (a) FULL NAME  Charles William Brown  7.5 — 56 – 5519  4. Set  S. Color or race Male White Widowed  6. (a) Single, married, widowed, or divorced White Widowed  6. (b) Hame of hutband or wife  6. (c) Halfre, give age  7. Birth date of deceased (mo., 49, 77) Aug. 2, 1861  8. AGE: Tears  8. AGE: Tears  8. Birthplace Hummel stown From, county, and states)  10. Usual occupation Hotel Manger  11. Birthplace Hummel stown Feb. 20  12. Hame Phares Brown  Hotel Manger  13. Birthplace Hummels stown, Penn.  14. Maides aame Mary Rhodes  15. Birthplace Hummels stown, Penn.  16. Is formant  Address Hagerstown, Maryland  17. Burial  Charles F. Brown  Address Hagerstown, Maryland  Penn, Companies of personal dates of operations  Penn, Companies of operations  No.  Physicial Received deceased from  15. Is formant  Penn, Companies of death and the date above stated; that I affended deceased from  15. Is formant  Chr. Myocarditis  Doe to.  Chr. Myocarditis  Doe to.  Charles F. Brown  Bible conditions  Bible conditions  Bible conditions  Doe to.  Charles F. Brown  Address  Hagerstown, Maryland  Physicial Received and stated of operations  No.  Physicial Received from the dale above stated; that I affended deceased from  15. Is formant  Chr. Myocarditis  Doe to.  Chr. Myocarditis  Doe to.  Chr. Myocarditis  Doe to.  Chr. Myocarditis  No.  Physicial Received and stated; that I affended deceased from  Institute cases of death  Doe to.  Chr. Myocarditis  No.  Physicial Received and stated; that I affended deceased from  Institute cases of death  Doe to.  Chr. Myocarditis  No.  Physicial Received and stated; that I affended deceased from  Institute cases of death  Andrews  Received (mo., 49, 71)  Aug. 2, 10 Am  Solve to Beat Institute  Institute cases of death  Address  Retifect cases of death  Active cases of death  Maryland  Chr. Myocarditis  No.  Physicial Received and handle be chared statistically.  22. Violence: It death was be children for the following:  Received and handle be chared statistically.  22. Violence: It death was	3.	27 Weat W	ashin	gton Stree	et.			
Charles William Brown  4. Set  S. Color or race  Male  White  Widowed  Sarah  S. (a) Haller, give age.  Sarah  S. (b) Haller, give age.  Thirth date of deceased (mo., day, r.)  Aug. 2, 1861  S. AGE: rears  Months  Bars  Hotel Manger  S. Birthplace  Hummels town  Hotel Manger  To Birthplace  Hummels town, Penn.  To Bortel and Competency  To Bortel and Competency  To Competency	How tong in hospital or	r tnstitution?	No	ne		2.(a) tf veieran, name war	None	***************************************
Charles William Brown  4. Set  S. Color or race  Male  White  Widowed  Sarah  S. (a) Haller, give age						1	3 (b) Socia	Security Number
Male White Widowed  Scott White White White White White White Scott W								
Male White Widowed  5.(a) Halve, give age	4. Sex					MEDICAL	CERTIFICAT	ION
8. (6) Name of husband or wife.  Sarah  S. (6) If alive, give age.  S. (7) If alive, give age.  S. (8) If alive, give age.  S. AGE: Tears Rombs  Bays If less than one day  83 6 18	Mala	White		W4 down of	9			
T. Birth date of deceased (mo., day, yr.) Aug. 2, 1861  8. AGE: Years Months Days lifes than one day 6 18 hrs. min.  9. Birthplace Hummel stown Penn.  10. Usual occupation. Hotel Manger 11. Industry or business Retified  12. Hame. Phares Brown 15. Birthplace Hummelstown, Penn.  15. Birthplace Hummelstown, Penn.  16. Informant Charles F, Brown Address Hagerstown. Maryland  17. Burial 18. Burial 19. Immediate cause of death. DURATION  Due 10.  20. Ohr. myocarditis 10y rs  Due 10.  20. Cutte ventricular fibrillation  Due 10.  3. Birthplace Hummelstown, Penn.  16. Informant Charles F, Brown Address Hagerstown. Maryland  17. Burial 18. Burial 19. Immediate cause of death. Duration  Ohr. myocarditis  19. Immediate cause of death.  Due 10.  3. Cutte ventricular fibrillation  Due 10.  4. Cutte ventricular fibrillation  Due 10.  4. Cutte ventricular fibrillation  Major findings of operations. No  Autopy results. No  Physician No  Autopy results. No  Physician: No  Physician: No  Oberland Cemetery  Cometty (or comett) (or comett) (or comett) (or comett)  Cometty or crematory. Oberland Cemetery  Location. Oberland, Penn,  18. Funeral director. Andrew K, Coffman  Address Hagerstown, Md.  22. Violence: If death was at the partial causes, fill in the following:  Accident, suicide, or homicide.  Accident, suicide, or homicide.  Where did injury occur? (City or town) (Country) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at home, farm, industry, public place (where?)  Maderss Hagerstown, Md.  3. Sibhatuke: Was at the cometa track?  Mn. Danaths  Mn. Danaths  Mn. Danaths  And Maless Market Mar					1	20. DATE OF DEATH	8, 20	19 40 at 10 Am
T. Birth date of deceased (mo., day, yr.) Aug. 2, 1861  8. AGE: Years Months Days lifes than one day 6 18 hrs. min.  9. Birthplace Hummel stown Penn. (Town, county, and state)  10. Usual occupation. Hotel Manger 11. Industry or business Retired 12. Name Phares Brown 15. Birthplace Hummelstown, Penn.  16. Laformant Charles F, Brown Address Hagerstown. Maryland 11. Burial (Burial, cremation, or renoval, Which) Cometery or crematory Oberland Cemetery Location. Oberland, Penn, 18. Funeral director Andrew K, Coffman  18. Funeral director Andrew K, Coffman  Address Hagerstown, Md.  23. SIBNATURE Latter Brown Manyland Latter Latter Latter Brown Manyland Maddress Hagerstown, Md.  24. Sibnature Latter Months of Latter Latt	6.(b) Name of husband	or wife	Sar	'ah		21. I CERTIFY that death occurred on the da	ale above stated; that I a	tfended deceased from
S. AGE:   Years   Months   Bays   If Jess than one day			6.(0	) If alive, give age	years	***************************************	19 10	19
8. AGE: tears Morths Bays If less than one day 8. Birthplace Hummel stown 10. Usual occupation Hotel Manger 11. Industry or business Retized 11. Industry or business Retized 12. Name. Phares Brown 13. Birthplace Hummelstown, Penn.  14. Maiden name. Mary Rhodes 15. Istrhplace Hummelstown, Penn.  16. Informant Charles F, Brown 17. Burial 18. Burial 19. Bate thereof. Feb. 22/45 19. (Barial, cremation, or removal, Which?) 19. Cemetery or cremstory Oberland Cemetery 19. Location Oberland, Penn, 19. Funeral director Andrew K, Coffman 19. Address Hagerstown, Md.  20. Significant County indicates and county in page to which death shaded be charged statistically.  21. Where did injury occur? (City or town) (County) (State) 19. There is the conditions in page to which death shaded be charged statistically.  22. VIOLENCE: If death was also present the county of the following: 19. There is the conditions in page to which death shaded be charged statistically.  22. VIOLENCE: If death was also present the county of the following: 19. There is the conditions in page to which death shaded be charged statistically.  23. Significant The conditions in page to which death shaded be charged statistically.  24. Significant County in page to which death shaded be charged statistically.  25. The conditions in page to which death shaded be charged statistically.  26. The conditions in page to which death shaded be charged statistically.  27. VIOLENCE: If death was also present the county of the following: 28. Significant County in page to which death shaded be charged statistically.  28. Significant County in page to which death shaded be charged statistically.  29. VIOLENCE: If death was also page to which death shaded be charged statistically.  29. VIOLENCE: If death was also page to which death shaded be charged statistically.  20. VIOLENCE: If death was also page to which death shaded be charged statistically.  20. VIOLENCE: If death was also page to which death shaded be charged statistically.  20. VIOLENCE: If death was also page		A110"	2 186	3		and that I last saw halive on		19
83 6 18 Mrs. min.  S. Birthplace Hummel stown Penn.  (Town. county, and state)  10. Usual occupation Hotel Manger  11. Industry or business  Retized  12. Name Phares Brown  13. Birthplace Hummelstown, Penn  14. Maiden name Mary Rhodes  15. Birthplace Hummelstown, Penn  16. Informant Charles F. Brown  Address Hagerstown Maryland  17. Burial Bate thereof Feb. 23/45  (Uburial, cremation, or removal. Which?)  Cemetery or crematory Oberland Cemetery  Location Oberland, Penn,  Location Oberland, Penn,  18. Funeral dvector Andrew K. Coffman  Address Hagerstown Md.  Address Hagerstown Md.  Address Hagerstown Md.  Address Hagerstown Maryland  22. VIOLENCE: It death was a foo perfol causes, till in the following:  Accident, suicide, or homicide Oate of the control of the						Immediate cause of death	***************************************	DURATION
9. Birthplace. Hummelstown (Town, county, and state) 10. Usual occupation. Hotel Manger 11. Industry or business Retized 12. Name Phares Brown 13. Birthplace Hummelstown, Penn.  14. Maiden name. Mary Rhodes 15. Birthplace Hummelstown, Penn.  16. Informant. Charles F, Brown Address Hagerstown. Maryland  17. Burial (Burial, cremation, or removal, Which) Cemetery or crematory. Oberland Cemetery Location. Oberland, Penn, Location. Andrew K, Coffman Address Hagerstown, Md.  Address Hagerstown Md.  18. Funeral director. Andrew K, Coffman Address Hagerstown Md.  23. SIGNATURE: If a business fibrillation  Bue to.  acute ventricular fibrillation  acute ventricular fibrillation  acute ventricular fibrillation  acute ventricular fibril		6	18	hrs.	min.	Chr. myocar	ditis	10y rs
Crown, county, and state)   Crown, and state)   Crown, and state)   Crown, county, and state)   Crown, and state)   Crow	a Birtheless H1	ummelstow	m	F	enn.			
10. Usual occupation				tate)			cular fi	brillation
12. Name. Phares Brown  13. Birthplace Hummelstown, Penn.  14. Maiden name. Mary Rhodes  15. Birthplace Hummelstown, Penn.  16. Informant Charles F. Brown  Address Hagerstown. Maryland  17. Burial Bate thereof Feb. 22/45 (Burial, cremation, or removal, Which?)  Cemetery or crematory Oberland Cemetery  Location Oberland, Penn,  Location Andrew K. Coffman  Address Hagerstown. Md.  Address Hagerstown. Md.  Address Hagerstown. Md.  Address Hagerstown. Md.  Major findings of operations. No  Major findings of operati	1D. Usual occupation	Ho	tel N	anger		Bus to	(1 (1.6) (1 )	#110000011101T0T100000000
12. Name   Phares Brown   Biher conditions   Biher conditions   Penn.	11. Industry or busines	, Re	timed			Due 10	• * • • • • • • • • • • • • • • • • • •	
13. Birthplace Hummelstown, Penn.  14. Malden name. Mary Rhodes 15. Birthplace Hummelstown, Penn.  16. Informant. Charles F. Brown.  Address Hagerstown. Maryland 17. Burial Bate thereof (month) (day) (year)  Cemetery or crematory. Oberland Cemetery  Location. Oberland, Penn,  Location. Andrew K. Coffman.  Address Hagerstown, Maryland  Location. Oberland Cemetery  Location. Andrew K. Coffman.  Address Hagerstown, Maryland.  Address Hagerstown, Maryland.  Address Hagerstown, Maryland  22. VIOLENCE: If death was an to prevail causes, fill in the following:  Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury thipsed at work?  Means of Injury Wash. Co., MD.  23. SIENATURE.			Brown			Dibar anaditions		
14. Malden name   Mary Rhodes   Major findings of operations NO	Y 13 Rirthniace						***************************************	***************************************
Address Hagerstown. Maryland  17. Burial Bate thereof Feb. 22/45 (Burial, cremation, or removal. Which?)  Cemetery or crematory Oberland Cemetery  Location Oberland, Penn,  18. Funeral director. Andrew K. Coffman  Address Hagerstown, Md.  Address Hagerstown, Md.  Autopsy results. NO. PHYSICIAN: Please underline the came to which death should be charged statistically.  22. VIOLENCE: If death was an to precibil causes, fill in the following:  Accident, suicide, or homicide. Gate of Where did injury occur? (City or town) (County) (State)  tnjured at home, farm, industry, public place (where?)  Means of Injury tnjured at work?  23. SIGNATURE.  M. D. D.			-					••••••
Address Hagerstown. Maryland  17. Burial Bate thereof Feb. 22/45 (Burial, cremation, or removal. Which?)  Cemetery or crematory Oberland Cemetery  Location Oberland, Penn,  18. Funeral director. Andrew K. Coffman  Address Hagerstown, Md.  Address Hagerstown, Md.  Autopsy results. NO. PHYSICIAN: Please underline the came to which death should be charged statistically.  22. VIOLENCE: If death was an to precibil causes, fill in the following:  Accident, suicide, or homicide. Gate of Where did injury occur? (City or town) (County) (State)  tnjured at home, farm, industry, public place (where?)  Means of Injury tnjured at work?  23. SIGNATURE.  M. D. D.	14. Malden name.					Major findings of operations NO		•••••••••••
Address Hagerstown. Maryland  Burial Bate thereof Feb. 22/45  (Burial, cremation, or removal. Which?)  Cemetery or crematory Oberland Cemetery  Location Oberland, Penn,  18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  Address Hagerstown Md.  PHYSICIAN: Please anderline the same to which death should be charged statistically.  22. VIOLENCE: If death was an to over all causes, fill in the following:  Accident, suicide, or homicide	15. Birthplace					***************************************	Date	of op
Address Hagerstown. Maryland  Burial Burial Bate thereof Feb. 23/45  (Burini, cremation, or removal. Which?)  Cemetery or crematory Oberland Cemetery  Location Oberland, Penn,  18. Funeral director. Andrew K. Coffman  Address Hagerstown Md.  Address Hagerstown Md.  22. VIOLENCE: If death was also per all causes, fill in the following:  Accident, suicide, or homicide. City or town)  (County) (State)  thijured at home, farm, industry, public place (where?)  Means of Injury thijured at work?  23. SIGNATURE.  M. Daration M. Daration	16, Informant	Charles	F, B	rown		Autopsy results		
Burial    Burial   Date thereof   Feb   22/45	Address	Hagerst	own.	Maryland				
Cemetery or crematory Oberland Cemetery  Location Oberland, Penn,  18. Funeral director. Andrew K, Coffman  Address Hagerstown, Md.  23. SIGNATURE (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury Injured at work?  23. SIGNATURE (City or town) (County) (State)  Months of Injury Injured at work?	D	1 - 7			145			owlog:
Cemetery or crematory Oberland Cemetery  Location Oberland, Penn,  Injured at home, farm, industry, public place (where?)  Means of Injury  Means of Injury  Mach. Co., MD.  23. SIGNATURE  M. D. C. A. MD.	(Burial gramation	or removal Which?)	Date there	(month) (day) (	year)	Accident, suicide, or homicide	0	ate of
tocation Oberland, Penn, Injured at home, farm, Industry, public place (where?)  18. Funeral director. Andrew K. Coffman  Address Hagerstown, Md.  23. SIGNATURE.  M. D. D. College M. D. D. MD.	Complete or cremetery Oberland Cemetery					Where did injury occur?(City or to	own) (Conn	tv) (State)
Address Hagerstown Md.  23. SIGNATURE Chalus & Wash. Co., MD.	Oherland Penn							
Address Hagerstown Md.  23. SIGNATURE Challes & Wash. Co., MD.  M. D. M.			. Cof	fman		Means of Injury	tn]ured :	t work?
I cl- 11 UE Suptil new Dr. S. STORTON					1	81616	the of	FULL DO MID.
	Address		14	1//	2. 1	23. SIGNATURE	well	J WASH. SU., MUST
	19. 786	1045	1st	ast Bow	Registrar	Hazertan	me	M. D. arather 2/21/4.



# **VS A15**

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462 1 CERTIFICATE OF DEATH

02695

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If ootside city or town limits, write RURAL and give nearest town)	State Maryland county Washington
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Brownserlle Md.	Street No. Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
George Thomas	Drown. hove.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Fre Coursy 11 1845 at 2.15 C.
6.(6) Name of husband or wife and Botelen Brown	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) It elive, give age	Dec 39" 19 43, 10 Feb 1/" 19 45
7. Birth date of deceased (mo., day, yr.) Ohrid - 8 - 1869	and that I last saw h. i.i. alive on Zeland O 19 45
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
75 10 3hrsmin.	Coremana of Restume 190, 2 hos
9. Birthplace B. Tourustille Wash, Co. Md.	Dué to
10. Usual occupation Returned Portraster	
11. Industry or business U. S. Postoffice	Due to
12. Name Cornellous Brooks	Other conditions
	(loclude pregnancy within 3 months of death)
14. Maiden name Sara Ellen Koorty	
15. Birthplace man Jelleratty Fred. Co. M.	Major findings of operations
18. Informant Mrs. Jame Boteler Brown	Aotopsy results
Address Brownshille md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 B wial - Date thereof 3 ch. 13, 1945	22. V(OLENCE: It death was due to external causes, fill in the following;
(Burlel, cremation, or removal Which?) (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 2	Where did injury occur?
Location 18 returns to 1 CC	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Doorsons md.	23. SIGNATURE Stulent Wade m. A
19. Feb / 2 18 45 Dormelius It Coatle. (Date ree'd by registrar) (Date ree'd by registrar)	13 1 2 1 M. D. oz other
(Dave ree a by registrar) Registrar	Address Date signed Date signed

MULTIPLE DESCRIPTION TAYS OF TAXABLE

MAR 6 1945 BUREAU V. 8.

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (924)

#### CERTIFICA

02197

E OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOM) (For newborn Infants give residen	E) OF DECEASED:
han Ima old	
Oldic	county Washington
City or town Hager	B UWII   limits, write RURAL and give nearest town)
510 George	
OHEEL MO	L give LOCATION)
	, give LOCATION)
2.(a) If veleran, name war	
	3. (b) Social Security Number
	219-12-1039
MEDICAL	L CERTIFICATION
21	/
20, DATE OF DEATH TELESCO	24 1945, at 10
	ale above stated; that I allended deceased from
	19
and that I last saw halive on	
Immediate cause of death	
4	
(Ler. ku	10 camber
Due to	1
4	
. asule coron	any ore husere
Due to.	
Other conditions	
(Include pregnancy wit	hin 8 months of death)
Major findings of operations	***************************************
Autopsy results. WO	
	to which death should he charged statistically.
22. VIOLENCE: If death was doe to effor	
	0
Accident, suicide, or homicide.	Date of

7. Birth dale of June 30, 1912 deceased (mo., day, yr.) 8. AGE: If less than one day 32 24 ...hrs. Hagerstown, Wash. Co. Md. 9. Birthplace. (Town, county, and state) 10. Usual occupation tt. Industry or business James Cosgrove 12. Name. Lonaconing, Maryland 13. Birthplace Florence Butler 14. Malden nace Bunker Hill, W. Va. Mrs. Florence Cosgrove t6. Informant Hagerstown. Maryland Address Burial Date thereof 2-27-45 (month) (day) (year) (Burial, cremation, or removal, Which?)

Rose Hill Cemetery Hagerstown, Maryland C. M. Suter & Sons Address Hagerstown, Maryland

1. PLACE OF DEATH: Washington

Hospital Institution, or street address where death occurred: 510 George Street

5. Color or race

White

How long in hospital or institution?....

How long in above place of death?.

6.(b) Hame of husband or wife .....

3. (a) FULL NAME

4. Sex

Female

causes

pi

Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Catherine C. Cosgrove 6.(a) Single, married, widowed, or divoteed

Divorced

Injured at home, farm, Industry, public place (where?) Means of Injury

Where dld injury occur? .....

DEPUTY

(City or town)



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INK. Supply every item of information carefully. The correct age as: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(12(198) Reg. Dist. No. 302

- 112		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	County Madhington	State Mary Land County Washington
	City or town	THE STATE LIMITS
	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Hospitat, Institution, or street address where death occurred:	Street No. 350 Inganal and
		(Latural, give LOCATION)
	Now long in hospital or institution?	2.(a) tt veteran, name war.
	3. (a) FULL NAME	3. (b) Social Security Number
	4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	716-09-9145
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	male white Widowed	20. DATE OF DEATH 7 16 11 19/945 3.55 Q, M
	6.(b) Name of husband or wite Mattie Croft	21. I CARTIFY that death occurred on the date above stated; that t attended deceased from
		1) an 1 1045 10 Feb 11 1045
	7. Birth date of	and that I last saw h and alive on John 19 47
	R. ACE: Years   Months   Bays   It less than one day	Immediate cause of death DURATION
	8. AGE: Years Months Days tt less than one day 7.5 1.0 1.4	( Leve Cardina al there
	9 Birtholace St. Thomas - Frankli - Pa	Bué Tél M
	(Town, county, and state)	Chronic My v and to
1	10. Usual occupation. Retired R. R. agens.	Due to Property was
	11. Industry or business P. R. R.	Mypertureurs
	12. Name David Croft  13. Birthplace St. Thamas Pa	Other conditions
	13. Birthplace St. Thomas Pce	
	14. Malden name Ellen Kinard  15. Birthplace Lt. Zhamaa, Pa	(include pregnancy within 8 months of death)
	15 Birtholace It Thomas Pa	Major findings of operations.
		Date of op.
	16. Informant Son Resign.	Autopsy results
	Address Kagualown Mid	22. VIOLENCE: If death was due to external causes, fill to the following:
	(Burial, cremation, or removal, Which?)  Bate thereot 74 13-1945  (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory. Cedar Grone	Where did injury occur?
-	Location chambershine Pa	lojured at home, farm, Industry, public place (where?)
	Least 7 Minnigh Son	Means of injury injured at work?
	18. Fuoeral director Action 18. Fuoeral director 18	(h)
	Address Raghillann ma	23. SIGNATURE LA
	19. Feb. 2. 19 45 Charff Bowers  (Date rec'd by registrar)  Registrar	Addrest a Conton Md. Bate signed 2/12/47
1	(Date rec'd by registrar) Registrar	Addres Date signed 1 1 7



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

02699

Reg. Dist. No. 302

1: PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Kageletain mal	State May Sand county Mashington	U
(If ourside city or town limits, write RURAL NEAR and give town) Sireet address, hospital, or institution:	Cliy or town (If outside city of town limits, write KURAL NEAR and give town)	
Stay in hospital or wish. (yrs., or mos., or days)	Street No. 75 South Polimac Stee	w.
Stay in this community (yrs., or mos., or days)	(If rural give LOCATION)  2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME & Forle Lil	Darter 3. (b) Social Security Number	r
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temale White I month feture	20. DATE OF DEATH Cel. 7	7:53 19:M
6 (b) Name of husband or wife	21. I CERTIFY that death occurred in the date above stated; that I attended deceased from	n
7. Birth date of	and that last saw h alive on Tell 7 19	41
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day		DURATION
S. AGE: Tests months bully the base min.	(Fremality	
9. Birthplace Logislam - Wash Courty, Mach (Town, county, and state)	Due to	
10. Usual occupation	Oue to	
11. Industry or bysipess		
12. Name John Henry Vaily	Other conditions	
	(Include pregnancy within 3 months of death)  Major findings:	IYSICIAN
14. Maiden name Welet Glady Morres  15. Birthplace Long Concerd and	Df operations Pie	ase underline ause to which
18. Informant Vialet & Bladfo Daily & mother	death charge	should be ed sizilsti-
Address 45 South Colonail St.	Of autopsy cally.	
(Burial, cremation, or removal. Whinh?)  Date thereof (month) day, (year)	VIOLENCE: If death was due to external causes, fill in the following:      Accident, suicide, or homicide	
Cemetery or crematory Wash Co. Hospital	Where did injury occur? (City or town) (County) (State	
Location Stagerttown, Md.	Injured at home, tarm, industry, public place (where?)	,
16. Funeral director	Means of Injury Injured at work?	
Address	Cul Bublatch Mil	7
19 Feb. 13. 1945 Chast Bowers	23. SIGNATURE AND M. D. OPPORTURE M. D. OPPORTURE T. M. D. OPPORTURE T	0-14
(Date rec'd by registrar) Registrar	Address I M J V W W Date signed	10

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FEB 15 1945
BUREAU ...

02100

CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mether)  State
3. (a) FULL NAME - Glenn Clatus Ea	3. (b) Social Security Number  Monl
Male White Single  6.(a) Single, married, widowed, or divorced  Male White Single  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE OF DEATH. February 3  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Jan 5 1936  8. AGE: Years Months Days If less than one day	Felo. 3 19.45 10 Felo. 3 19.45 and that I last saw him after on Felo. 3 19.45 Instruction cause of death Ourselinonia - Dupe: Iodays
9. Birthplace	Speatic Paraplegia From Bigi
11. Industry or business  12. Name Flank B Edding  13. Birthplace Washington P.C.	Other conditions.
14. Maiden name Rebus & Weller  15. Birthplace Washington Co.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant Fland Beauty Address Hancock Ma R. F. 19. 2  17. Burial Date thereof Febr. 5 1945	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Buriai, cremation, or removal. Which?)  Cemetery or cremafory. Rekabeth Constituty  Location Mean Harmock Medical Constituty	Accident, suicide, or homicide
18. Funeral director Snyder-Rowland, Address Hancock Md,	Means of injury Injured at work?
19. 15. 19. 19. 15. TA Loudius Registrar	Address Clears pm had Dafe signed 23645

1 Decision

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HUMINOS TEXTS DESIGNATION TO SERVICE TO SERV

MAR 5 1945
BUREAU V.S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

#### CERTIFICATE OF DEATH

1. PLACE O					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County							
City or town (If outside city or town limits, write RURAL and give nearest town)					State Laryland county Wash.		
	(II outsid	e eity or town in	Vears	DRAL and give nearest town)	City or town	ment town)	
How long in add	ve place of ue ition, or stree	t address where d	eath occurred:	W			
69	W. Fr	anklin	St.		Street No. 69 W. Franklin St. a. (If rnral, give LOCATION)		
		tution?			2.(a) If veteran, name war		
3. (a) FULL		1211011					
3. (a) FULL	MANNE		honl	es E. Everly	3. (b) Social Security	CGL 7	
					2/2-24-	. 3/0/	
4. Sex		Color or race	6.(a)Singlo	, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male		White	1. 1	Married	2D. DATE OF DEATH Feb. 22, 1945 hs: 45	, ăt	
8.(b) Name of h	nusband or wi	Anni	e L.	Everly	21. I CERTIFY that death occurred on the date above stated; that I ettended dece		
***************************************				) It alive, give ageyears			
7. Birth date of deceased (m		Feb.	23.	1884	and that I last saw halive on		
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death	DURATION	
o. Au.	60	11	30		Coronary occlusion	14days	
	00	44	0.0			100000000000000000000000000000000000000	
9. Birthplace	Har	erstowr (Town.	ounty, and s	iha Md a	Due to a cute ventricular fibri	la téon	
1D. Usual occu	nation R	estaura	nt Pr	op.	***************************************		
					Due to	* *************************************	
11. Industry or		- 3 50	-				
12. Name. 13. Birthpl		_			Dther conditions		
		ttysbur	g, Pa		(Include pregnancy within 3 months of death)		
H 14 Maide	nama	Anna 1	. Kau	ffman			
14. Malder 15. Birthpi	17.	rederic			Majnr findings of operations	*****************************	
≥   15. Birthpl					Date of op.		
16. Informant	LIS	<ul><li>Annie</li></ul>	L. H	verly	Antopsy results.		
Address	59 W.	Frankl	in St	Hagerstown	PHYSICIAN: Please underline the cause to which death should be charged	statisticany.	
			4-21-21		22. VIOLENCE: It death was due to external causes, till in the following:		
		emoval. Which?)	Dete there	ot Gholds (day) TAL	Accident, suicide, or homicide		
Cemetery or	crematory	Rose F	ill C	emetery	Where did injury occur?		
Location	Hag	erstown	, I'd.		Injured at home, tarm, industry, public place (where?)	******	
18. Funeral dis	rector	Fred W	- Kra	.j.s.s	Means of Injured at work?	P.L.	
Address		erstown		200	1 1 1 1 1 1 1 1 COL CO.	MD.	
10 Fee	l. 24	1945	6	East Bower	23. SIGNATURE.  M. D.	- Ja-4-	
(Date rec	d by registra	ır)	7	Registrar	Addres		

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore (159) CERTIFICATE OF DEATH

1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. County	(For newborn infants give residence of mother)
(If outside city of town limits, write RURAL and give nearest town)	state Maryland county Washington
	(If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death?	71.0 =-1
Wash, Co. Hospital	Street No. Off rorsi, give LOCATION)
How long in hospital or institution?	2.(a) If veieran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mout day	lders None
4. Sex 5. Color or race 6(a Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mul. Indital Suital.	- 1 111 45 2 A
Triase I waste during	20. DATE DE DEATH 20. DATE DE DEATH 19.45 at . 8 14 . M
6.(b) Hame of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
8.(c) If alive, give ageyears	24, H 19 45, to 24, 4 19 45_
7. Birth date of	and that I last saw have alive on the first saw have alive of the first saw have alive on the first saw have alive of the first saw have alive on the first saw have alive of the first saw have alive
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
	1 renoturity
8. Birthplace Dagustown md.	Bue to
(Town, county, and state)	
1D. Usual occupation.	B. I.
11. Industry or business	yue to
	Diher conditions
13. Birthplace not Leva Wash. Co. md.	(Include pregnancy within 8 months of death)
14. Maiden oan Caulinia Louise Commingham.  15. Birthplace Boorship wash Co. md.  18. Informant	
15. Birthplace Booustons wash, Co. md.	Major findings of operations.
a la simple de la constant de la con	Date of op.
18. Informant Charles Cumminghau	Autopsy results.
Address Browsline md?	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buffel, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Boushus Cerutary	Where did injury occur?
0	
Location 1300 ustrus md.	Injured at home, fare, Industry, public place (where?)
18. Funeral director UM 3. 13ast 9 Sous	Means of Injury Injured at work?
Address Barraslous md.	1 / 1 mo
AUDIESS OF TO MOTOR OF THE	23. SIGHATURE CASCO (WVERSOR)
18 Jab. 14. 145 ChastBoules,	M. D. or other
(Date reg'd by registrar) Registrar	Addres Turbstan 20 Bate signed 2/14/45

FEB 16 1945
BUREAU V.S.

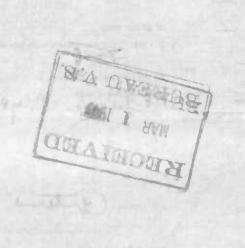
2411 N. Charles St., Baltimore 93-2

Dr. Beachley 02103

#### CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:  County Washington  City or lown. Hagerstwon  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 30 Years  Hospital, institution, or street address where death occurred:  117 Winter St.  How long in hospital or institution? None	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Wahington  City or tewn Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  Streel No. 117 Winter St.  (If rural, give LOCATION)  2.(a) If veleran, name war. None		
3. (a) FULL NAME	3. (b) Social Security Number		
Mrs. Mary Madaline Fitzgerald	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20, DATE DE DEATH. February 24 1945, 212.30 M		
6.(b) Name of husband or wife. John H.	21. I CERTIFY that death scurred on the date above stated; that Latinghand degrapes to		
Maria de Mar	Feb 1944 10 Taba 1, 44		
7, Birth dale of	and that I last saw h. C. Cailve on Feb 24 19		
deceased (mo., day, yr.) October 1 1869	Immediate Capita of death DURATION		
8. AGE: Years Months Days If less than one day	Chine My Marchely 141		
77   4   23  hrsmin.			
9. Birthplace County Mayo Ireland (Town, county, and state)	Due to		
10. Usual occupation Housewife			
11. Industry or business Own Home	Due to		
	A cluyed acts		
	Other conditions		
	(Include pregnancy within 3 months of death)		
E 14. Malden name Mary Larkin	Major findings of aperatians.		
\$ 15. Birthplace County Mayo Ireland	Date of op.		
16 Informed Miss Mary E. Fitzgerald	Autopsy results.		
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
0/00/15	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Burial Bate Ihereof 2/27/45 (Burial, cremation, or removal, Which?)  Bate Ihereof (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory Rose Hill Cemetery	Where did injury occur?		
tocallon Hagerstown Md.	Injured al home, farm, industry, public place (where?)		
18. Funeral director Andrew K. Coffman	Means of Injury Injured all ork?		
Address Hagerstown Md.	Jel. Backy		
17 8b- 26 1.45 Chastle ower	23. SIGNATURE M. D. O.		
(Date rec'd by registrar) Registrar	Address Date stgned		



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2411 N. Charles St., Baltimore 12)

## CERTIFICATE OF DEATH

County	Wasl	ingto		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	Camp Ritcl	ie, Ma	RURAL and give nearest town)	State Maryland County Washington		
How long in above place Hospital, Institution, Station H	ce of death?	vears death occurre amp Rid	d: chie, Md.	Corm Detalia Manual and		
		days		2.(a) It veteran, name war World War II		
3. (a) FULL NAM	ME				3. (b) Social Security	Number
CHARLE	S (NMI) FRA	MCESCI	HINA, Tec 4, ASN 3	35556395	Unknown	
4. Sex				MEDICAL	CERTIFICATION	
Male	White		Single	20. DATE OF DEATH 6 Februar	У 19. 45	at 6=20 A
		6.(	c) if alive, give ageyears	21.1 CERTIFY that death occurred on the da 10 January and that I last saw h. imalive on	te above stated; that I attended decea	ery 1945
8. AGE: Yea		Days	It less than one day	Immediate cause of death		DURATION
38	3 0	16	hrs. min.	Pulmonary Embolis		********************
1D. Usual occupation. 11. Industry or busine	Soldier U. S. Ar		ntate)	Due to following emerg	ency appendect-	
12. Name	Unknown	************		Dther conditions		***************************************
				(Include pregnancy with		
14. Malden name	Unknown		***************************************	Major findings of operations. Acute		
16. Informant	Jamp &	Pto	Les Ind	Autopsy results. Same as all PHYSICIAN: Please underline the cause of	bove	
	n, or removal. Which?)	-0	eot Fob 6, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	Date of	
Cometery or cromat	lu shi	Sha	lalian	Where did injury occur?(City or to		
18. Funerat director	M.L. Crea	/	an )	Means of Injury No	Injured at work?	No
19. 6 Febr	Thurmont,	1	Go W Leignson Registrar		RO, Captain, MC	rother Eeb 45

THAT TO STUDENT HE

MAR 6 1945
BUREAU V.S.

AND THE SERVICE OF TH

2411 N. Charles St., Baltimore 512

# CERTIFICATE OF DEATH

021115 Reg. Dist. No. 306

. PLACE OF DI	EATH		2. USUAL RESIDENCE (HOME) OF DECEASED:
ounly		P	(For newborn infants give residence of mother)
ily or town	signa	u brug soud	State Mayland County Taslangton
(1f	outside by or town lin	nits, write RULL and give nearest town)	City or lower Smith bury front
ow long in above plac	e of death?	- JAV	City or town (If outside city or town limits, write RURA) and give nearest town)
ospital, institution, o	or street address where d	eat occurred:	Streel No.
,		***************************************	(If rural, give LOCATION)
ow long in hospital	or Institution?		2.(a) If veleran, name war
. (a) FULL NAM	IE /	1	3. (b) Social Security Number
lacory	er. R. Ko	armand	nous
, Sez	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mali	Calaita	Bedreye.	TL 1 - 0 - 70
	17,000	7, -12,000	2D. DATE OF DEATH. 7 26 9 19.45 217.3
(b) Name of husband	d or wife	more	21. I CERTIFY that death occurred on the date above stated: that I atlended deceased from
			Cug / 1944 Hab 9 199
Birth dale of			and that I Jayrow halive on
deceased (mo., day,	Jr.5 2-65-		
AGE: Year		Days   If less than one day	
74	9 6	28 - hrs	furtinous over 4 9
		craville Fredles 1	
Birthplace	70	county, and state)	Due to Due to
1. Industry or busine	ss ~		
12. Name	Taniel.	Germand	Dether conditions of his one my orange to 10
13. Birthplace	Near W	uuraille.	4 on Torin Gelentins
	Vent	dia Alt	(Include pregnancy within 3 months of death)
14. Maiden name			Major findings of operations.
15. Birthplace	Near M	yerryillo. True &	Color Date of op.
1	Mrs Ras	4 Grane	
3. Intermant	0	7	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	milles	lang seed	
Bu	rivel	Drie thereot 2 - 11 - 19	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, crematic	(Which?)	(month) (day) (year)	Accident, suicide, or homicide
(1) de mest os commessa		-//.	Where did injury occur?
	- Sree	the wa	
Cometery or cromat	Sun	the way	Where did injury occur?
	mughal	my Warle bo &	(City or town) (County) (State)
Cometery or cremat	neglist	my Wash los	
Cemetery or cremat	rugh	my Wash los 4	Injured at home, farm, Industry, public place (where?)
Cometery or cromat	mugho l	My Hoover	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Cometery or cremas Location	mugho l	Hoover Med Los La	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?

BUREAU V.S.

PLEASE

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

Address Hagustone M& Date signed 1623

CERTIFICATE	OF	DEATH
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à		. 0		MARVIAND STATE DE	EPARTMENT OF HEALTH	09106		
		change	oi'		les St., Baltimore 940	02106	1	
age is			7 1015	CERTIFICAT	TE OF DEATH	Reg. Diat. No.	sel	
FILM No.			1 1945		2. USUAL RESIDENCE (HOME) OF	F DECEASED:		
County	lashi	ngton			(For newborn infants give residence of I	mother)		
City or town	S	harpsb	urg R	URAL and give nearest town)	state Maryland Cour	www. Washington	***********	
Now long to abou		eath?	1110	time	City or town Sharpsburg F	(.F.D.#1 write RURAL and give nearcs	t town)	
		et address where		:	Street No.			
		*************************			(If rural, give			
How long to hos		itution?	••••••		2.(a) tf veleran, name war	) *- 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -		
3. (a) FULL	NAME (	1 herd	ne	Frances .	Gaylor	3. (b) Social Security Nu	mber	
4. Sex	5.	Color or race	6.(a)\$ingle	e, married, widowed, or divorced		RTIFICATION	, ,	
Male		white	Sin	ngle	Feb 22 st 8A			
	eviewe				20. DATE DF DEATH	ve stated: that 1 attended deceases	1 Irom	
6.(0) Name of h	usband or wi	fe			19			
7. Birth date of	**************	Uct 7	1880	the street of th	and that 1 last saw hative on		19	
deceased (mo	., day, yr.) Years	Months	Days	If less than one day	Immediate cause of death		DURATION	
64	-65	4	15	hrs. min.	0 1-	- 104		
OI		sh Co I				y en lusio	4	
9. Birthplace			county, and a	tate)	Due to			
10. Usual occup	pation	Labore	r Far	<b>1</b>	9.040		****************	
11. Industry or	business	far	m		Use 10	••		
12. Name		eodore Md	Gay:	lor	Other conditions			
益 13. Birthpla	ice	TOSOph	ine	Now on	(Include pregnancy within 3 m	nonths of death)		
14. Malden	name	Som the first		Comer	Major fiedings of operations	** *** ** ** ** ** ** ** ** ** ** ** **		
15. Birthpla				Md		Bate of op	100000000000000000000000000000000000000	
16. Informant					Autopsy results	tak doub should be absented at-		
Address		liamsp	ort R		22. VIOLENCE: If death was due to external cause		nuceoy.	
	ırial	emoval. Which?)	Date there	Feb 25 1945 (month) (day) (yesr)	Accident, suicide, or homicide			
			ville	(month) (day) (yesr)	Where did injury occur?(City or town)			
							State)	
Location	Ba	kersvi	lle Mo	<u></u>	Injured at home, farm, Industry, public place (wh	lajured at work?	***************************************	
18. Funeral dire	ectorEd	ith V.	Leaf		Means of Injury	Deputer	head (	
Address		liamso			S. Arher & W.	ello hearle.	Ca his	
					23. SIGNATURE			

Registrar

RECEIVED

MAR 8 1945

BUREAU V.S.

2411 N Charles St Rattimore 200

				TE OF DEATH	Reg. Dist. No	302		
City or town. Hare	wastown lives to the little street address where on Count;	Maryl its, write Ryear	pital	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland County Washington  City or town Hazerstown  (If outside city or town limits, write RURAL and give nearest town)  Street No. 227 Norway Avenue  (If rural, give LOCATION)  2.(a) If veteran, name war.				
3. (a) FULL NAME	James		ochenour		3. (b) Social Security Number 719-05-4035			
Male	5. Color or race White	Me	e, married, widowed, or divorced	MEDIO 20. OATE OF DEATH.	CAL CERTIFICATION 2/4/45 19	5 P. M		
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yr		6.(4	e) If alive, give age 57 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1/27 19.45 to 2/4/19.45  and that I tast saw h Acceptable on 2/4/45				
8. AGE: Years 60	Months 2	Days 13	If less than one day	Cauges hir Stras	4-	alunt 1 mo.		
11. Industry or business  ### 12. Name	Retird R N.& W. R John Go Luray, Vi	ailro cheno	oad Brakeman oad our	Oue to	weki Meast Thickney	Unkusua		
15. Birthplace	Luray,			Major findings of operations				
	sl James erstown,			Autopsy results. Calcarrows are he Steurses; heart farlist PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Cemetery or cremator	al orremoval.Whichi) Rose Hi erstown,	111 C	of 2-7-45 (month) (day) (year) emetery	Where did injury occur?(City	external causes, fill le the following;  Oate of  Or town) (County)  C place (where?)	(State)		
16. Fueeral director		Suter	& Sons	Means of Injury	Injured at work?			
510	1945	0-	Ess#Bours Registrar	23. JUNNIVIL		` Ab		

RECEIVED
FEB 13 1945
BURLAU V.E.

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (827) CERTIFICATE OF DEATH supplied. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County - Washington (If outside city or town limits, write RURAL NEAR and give town) pe carefully em of information should carefully causes of death clearly and legibly. Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mos., or days) (If rural give LOCATION) Stay in this community (yrs., or mos., or days). 2(a) IF VETERAN, NAME WAR ... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING Trosh SY. above stated; that I attended deceased from 7. Birth date of Every ite deceesed (mo., day, yr.) 8. AGE: 98hington (Town, county, and state) UNFADING Physicians: 10, Usual occupation \_\_\_ 11. Industry or business Dennis 14. Malden na 15. Birthplace (Include pregnancy within 8 months of death) important. **PHYSICIAN** Major tindings: Ot operations Please underline the cause to which death should be charged statisti-PLAINLY

Address

1B. Funeral director

Address

(Date rec'd by registrar) Registrar 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Where did injury occur?-(City or town) (County)

Of autopsy \_\_\_\_

Means of Injury

Injured at home, tarm, Industry, public place (where?)\_ injured at work?

especially

WRITE

PLEASE WRITI correct age

RECEIVED

MAR 7 1945

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VS A15

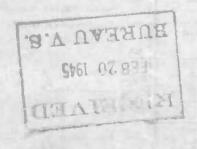
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 58-2

02109

CERTIFICAT	TE OF DEATH Reg. Dist. No. 30 2
1. PLACE OF DEATH:  Washington  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State Maryland county Washington City or town Pectonville (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Tagas Wangan	
ISSAC Henson 4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	~ ^ 1
male   white   single	20. DATE OF DEATH. Telt. 16. 1945, 21.8.50 G.M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that callended deceased from  19.45 to Feb. 6 19.45  and that I last saw h Ama, alive on Feb. 5.1
deceased (mo., day, yr.) April 3 1029	
8. AGE: Years   Months   Days   If less than one day	Impaediate cause of death
	ackeninale.
19 110 11	Endo Carditis 2 wals
Birthpiace Hagerstown Md	Due 10
(Town, county, and state)	acute Rheumale Tever 3 weeks
10. Usual occupation.	Due to
11. Industry or business helped on farm	
F 12, Name Pride William Henson	Other conditions
Pride William Henson  13. Birtholace William sport R. F. D.#1	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
14. Maiden name	Bale of op.
16. Informani Pride William Henson	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Williamsport R, F. D. #1	22. VIOLENCE: If death was due to external causes, flil in the following:
Burial  (Burial, cremation, or removal. Which?)  Date thereof Feb. 181945  (month) (day) (year)	
Cemetery or crematory	Where did lojury occur?
lecation Bakersville Md	injured at home, farm, industry, public place (where?)
Edith V Leaf	Means of Injury Injured at work?
18. Puneral director	0 .100
Address Williamsport Md.	23. SIGNATURE David V. Wrewer
19. Jeb. 17. 19 45 Skalfflowers Registrar	O M, D, or other



STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(59)
County Washington	Registration Dist. No. 303
Village or City Duy Tun	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. How long in U.S. if of foreign birth?
2. FULL NAME Tremalure, Brills (6	mos) If U. S. Veteran, specify WAR
(a) Residence: No. Clean Lang Mel R	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH File. 12 10265
M. W. OK DIVORCED (CAMERING MORE)	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. Fal. 18 - 1942, to Feb. 13 1945
6. DATE OF BIRTH (month, day, end year) Feb. 13,1945	Hast saw haran alive on File 13 , 1943; death is sai
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 4 A _m,
1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  Date of onset
8. Trade, profession, or particular	
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	- Vuemalure 1 Dull
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	6 mas
10. Data decaased last worked at this occupation (month and year) 11. Total tima (yaars) spent in this occupation	
00. 0- 6	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Name Baskinson
13. NAME Daller D. Hora 1  14. BIRTHPLACE (city or town) Dasherston Co.	Nama of operation Date of Date
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Waver Menerge Mello	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Waves Menero Mello  16. BIRTHPLACE (city or town) J. Franklin, Cv.	Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Waller D. M. Mary M. Hore (Address) Chambers Ma.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Manoute Bulay Die flo. 1-3, 19.46	Neture of injury
19. UNDERTAKER Suyder - Rossland (Addiass) Falley Shing Tarel	24. Was disease or injury In eny way related to occupation of decaesed?
20. FILED Feb 13, 19 45 maple Min Registrar.	(Address) Williams from M.
If more blanks are needed, address State Registre	ar, 2212 N. Charles Street, Baltimore, Requesting U. S. No. 1.

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Carried Control of the Control of th
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy REORY	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 100	3 days ago
		RUSSIA	2002-04
Other contributory causes of importance:		Other contributory causes of important	ce:
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

02111 30x

	Reg. Dist. No	
1. PLACE OF DEATH: County  ASHINGTON  City or town  (If outside city or town limits, write RURAL NEAR and give town)  Streef address, hospital, or institution:  AONE  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)  70 V/CS.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give residence of mother)  State  ALYLAND  County  City or town  (If outside city or town limits, write RURAL NEAR and give the state of th	
3. (a) FULL NAME THEODORE PERCIVAL VENK	3. (b) Social Securit	y Number
MALE WHITE MARRIED  S. Cotor or race  MARRIED  S. (a) Single, married, widowed, or divorced  MARRIED  S. (b) Name of husband or wife LILLIAN ELIZABETH	MEDICAL CERTIFICATION  2D. DATE DF DEATH 19  21. I CERTIFY that death occurred on the date above stated; that I attended de	
Birth date of deceased (mo., day, yr.) AUGUST 2, 1874  B. AGE: Years Months Days If less than one day	and that I last saw have alive on Field ?  Immediate cause of death  Authority Eucloples Lie	19 45 19 45 19 45 DURATION
B. Birthplace HANCOCK WASH. CO., MARYLAND (Town, county, and state)  10. Usual occupation FUNERAL DIRECTOR	Due to Eucholis & Clot formed by Circlinal Heintmorrheage	
11. Industry or business  12. Name MARTIN JENKINS  13. Birthpiace WARFORDS BURG, PA.	Dither conditions (Include pregnancy within 3 months of death)	
14. Maiden name ANN CATHERINE ERNST  15. Birthplace, CLEAR SPRING MD.  16. Informant MILLIAN E. JENIKINS (WIFE)	Major findings:  Df operations	PHYSICIAN Piease underline the cause to whice death should be charged statistically.
Address HANCOCK, MO.  17. BURIAL Date thereof FEB. 10, 1945  (Burial, cremation, or removal, Which?)  Cemetery or crematory EPISCOPAL CEMETERY	Of eutopsy  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide  Date of	
Location HANCOCK MD.	Where did injury occur?(City or town) (County)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?	(State)
18. Funeral director A. K. COFFMAN  Address HAGERSTOWN, MD.  19. 8 FEB. 1945 Illian & Leukino  (Date rec'd by registrar)  Registrar	23. SIGNATURE ) + Stobler 7111	D, or other

MAR 5 1945

#### MARYLAND STATE DEPARTMENT OF HEALTH

Supply every item of information carefully. The correct age please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNFADING is especially important. Physical

PLEASE

VS

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:  County Washington  City or town Hagerstown, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  17 McKee Avenue  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  StateMaryland Clity or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	5. (b) bother beturny remove
Tillian M. Jones 4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. 7-66 2 19.45 at 2.50 P
6.(b) Name of husband or wife. Elmer C. Jones	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8 (c) If alive give age 59	Seft 18 19.44 to 7e62 1845
7. Birth date of deceased (mo., day, yr.) January 19, 1886	and that I last saw h
8. AGE: Years   Months   Days   If less than one day   59   0   14	Careinoma D. Sigmord 6 mo
9. Birihplace Johnson City, W. Va.  (Town, county, and state)  10. Usual occupation Housewife	Due to Infetastadio
11. Industry or business	Due to
12. Name. Albert Eichelberger 13. Birthplace Millstone, Maryland	Other conditions
14. Maiden name. Charlotte Selby 15. Birthplace Johnson City, W. Va. 16. Informant. Nelson Jones	Major mobiles devide Careun om a
≥ 15. Birthplace JONNSON CLUY, W. Va.	Bate of op
16. Informant Nelson Jones	Autopsy revolts.
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial (Burial, cremation, or removal, Which?)  Date thereof 2-5-45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. C. M. Suter & Sons	Means of Injury Injured et work?
Address Hagerstown, Maryland	(DLB' ble m. D.
19. Feb. 5. 19.45 Charthdowers (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other  Address + agorstown m.d. Date signed 2 3/4.5

MALLES BUILDING

RECEIVED FFB 13 1945

BUREAU 7.8

ly every item of information carefully. The correct age write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

#### CERTIFICATE OF DEATH

02113

1. PLACE OF DEATH:  County.  City or town.  (It operate city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or, sireel address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County
3.(a) FULL NAME	
S. (a) FULL NAME	3. (b) Social Security Number
Samuel E bohnator	220-10-3623
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH 216 12 18 4.5 5 Q
Bul B	21. I CERTIFY that death occurred on the date above stated; that I atlanded deceased from
6.(b) Name of husband or wife.	y and all in w
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) Duly 15 186 %	and that I last saw late on 9 19 19
8. AGE: Years Months Days   If less than one day	Immediate cause of death
78 6 27hrsmin	Che Marcachto
9. Birthplace Magustown - Washington mg	Due to.
will make pt.	
10. Usual occupation.	Due to Cultur - cultura
11. Industry or business trutting YMUS	
12. Name Samuel Johnston  3. Birthplace	· Other conditions
	(Include pregnancy within 3 months of death)
14. Halden name Rosee King  15. Birthplace Greencastly 8 &	(Include pregnancy within 5 months of death)  Major fludings of operations
15. Birtholace Greencastle Pa	
7/	- Date of op.
18, Informant Mrs. Wary Kerrianin	Autopay results.
Address Haquatown md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
V21.1:0 211 14.1941	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whiteh?)  Date Ihereof (mouth) (day) (year)	Accident, suicide, or homicide
Page 11, 10	Where did inhury accur?
Cemetery or crematory	Where did injury occur?
Location Laguestown mid	Injured al home, farm, industry, public place (where?)
18. Funeral director Scott 7. Munich 25m	Means of Injury Injured at work?
Address Thaquatown md	
T1 19 111	23. SIGNATURE M. D. or other
19. Jets, 14. 1943 Chassittower	The state of the s
(Date rec'd by registrar) Registrar	Address Date signed

FEB 16 1945
BUREAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Walking this	m ()
OTTEN BUTTER LINE	State J. J. Larry County County County
City or town	mablerille
How long in above place of death?	(If outside city or town limits, write RUEAL and give pearest town)
Hospital, Institution, on street address where death occurred:	mableialle ma
The state of the s	Street No (If paral, give LOCATION)
	YIMAG
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
S.(a) FOLE MAINE &	N STAR
Club Hora R	eadle
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 1 1 1 1 1 1 1 1	20 DATE OF DEATH Telowing 1 1945 at 5 F. M
Jemale Wille Widowed	201 DATE OF DESCRIPTION
Olas C Wardla	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife. Synchia and Carlotte Carlo	January 7 10.46 10 Trabruscy 1 10.45
	and that I lost san it many the
deceased (mo., day, yr.) March. 9. 1860	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	
84 1/1 22 hrs	Phanie hum addis - 10yrs
01101221	
9. Birthplace Masseulle Wash. Co. M.d.	Due to
(Towo, county, and state)	Alrele Demilla
10. Usual occupation.	Due to milliple Buis formfall
10, Usual Occupation.	Due 10
11. Industry or business A Park	
12. Name Sl. 1000	Other conditions
13. Birthplace	(Inclode pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace Boondhus Wash. Co. md.	Date of op.
	Autopsy results
18. informant	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Address Waklanda Ma.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Qurial Die thereof Llury 4 1945	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, Suicide, of nominac
Constant Constant	Where did injury occur?
Cemetery or crematory.	
Location Doorson ma	Injured at home, term, industry, public place (where?)
- Child Cart as	Means of Injury lejured at work?
18. Funeral director.	MIN PIL DID
The man	I WI Newan M. D.
Address Door Address	23. SIGNATURE M. D. or other
Feb. 3. 1.45 Chastoousse	
19. (Date rec'd by registrar) Registrar	Address Boarsbors, and Date signed Teb. 2, 194

Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF, is especially important.

FEB 13 1945
BUREAU V F

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

age /	2411 N. Charle	es St., Baltimore 1440	
rect	CERTIFICAT	TE OF DEATH Reg. Diat. No. 30 Z	. 00
information carefully. The correct age of death clearly and legibly.	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Manual County County City or town (if outside city of town limits, write RURAL and give nearest town)  Street No. 0.0.2  (If rural, give DCATION)  2.(a) if veteran, name war.	•••
nati	3. (a) FULL NAME	3. (b) Social Security Number	=
f de	Fred Ellsworth Ker	simes. 214-09-2213	
f in	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
item o	Male White married	20. DATE OF DEATH. Feb. 14. 19. 45 of 11 A	A.M
ite c	8.(6) Name of husband or wife Mass. Blanch S. Veraline	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
the start	7. Birth date of		
rities	deceased (mo., day, yr.) July, 13, 1896	and that I last saw h	
ppl,	8. AGE: Years Months Days   If less than ona day	Gunshot wound through skull	
Suj	48 7  hrsmin.		
ADING INK. Supply every item of i Physicians: please write the causes	9. Birthplace Daguston Wall Co. md.	Oue to.	
GI	10. Usual occupation Maintenance Dept.	Que to.	0000000
NIC	11. Industry or business Fairefuld aircraft Carb.	DUE 10.	
P-	12. NameCyrus 6 Sershuer	Dther conditions	*******
WITH UNF important.	13. Birthplace	(Include pregnancy within 8 months of death)	_
Poor	14. Malden name. M. muil May Dickerhof	Major findings of operations.	
WITH	\$ 15. Birtholklar Clarbring Wash . Co. Md.	Qats of op.	
h.	16. Informant Mas. Blaudle S. Kershare	Autopsy results	
NL	Address 602 George St. Hageeston md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	_
PLAINLY, is especially	(Burial, cremation, or removal, Which?)  Date thereof 3 4 17 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide, Suicide  Bate of 2/14/45	
P. S.	200	Hagerstown Wash. Md.	
WRITE	1.10	(City or town) (County) (State)	
WR	Location Mare July Manuatore YMd	letted at home, farm, ladustry, public place (where?) Home Shot Sellar Tevolver Injured at work? No	****
	18. Funeral director DW 3. Sast Sous	Means of Injury 32 revolver Injured at work? NO	ill.
PLEASE	Address Boonstono md.	Short 8 49 effective MEDICAL EXAMINED	All C
3	"Fb. 16. 145 ChastiBowers	23. SIGNATURES WASH CO. M.D. as aspec	
	19. (Date rec'd by registrar)  Registrar	Address Hagerstown, Md. Date signed 2/15/4	5

RINDING

MARGIN RESERVED FOR

VS A15

RING 19 195 FEB 19 195

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-0/

CERTIFICATE OF DEATH

correct age

PLEASE WRITE PLAINLY, WITH UNFADING LAK. Supply every item of information carefully. The

SERVED FOR BINDING

MARGIN

302

Whate signet -O/ (4/1)

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county washing ton	State Maryland County Washington
City or town Hagers town (if outside city or town limits, write EURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hour Nospilal, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Washington ounty Hospital	Streel No. 325 North Cannon Ave
How long in hospital or institution? B. Hour	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Funk Lehman	None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
white Married	20. DATE OF DEATH February 16 1945, at 2 P M
6.(b) Name of husband or wite Elsie May	21. I CERTIEY three doath occurred on the date-above stoled, that I glended deceased from
5. (c) If allvo, gire age 5.3 year	10 10 10 10
7. Birth date of deceased (mo., day, yr.) July 17 1890	and that I last saw h
8. AGE: Years   Months   Bays   It less than one day	Immediate cases of death DURATION
54 6 29min	Jobes Northeles 1046
9. Birthplace Leitersburg Wash, Co. Md	Due to.
1D. Usual occupation Telegraph Operator	
11. Industry or business Retired 10 Years	Oue to
[ 12 Name Claggett Lehman	Other conditions
13. Birthplace Leitersburg Md.	
14. Malden same Ida, May Funk 15. Stribplace Wingerton Pa.	(tnciude pregnancy within 3 months of death)
15. Birthplace Wingerton Pa.	Major findings of operations
16 Interment Mrs. Elsie May Lehman	Autoosy results.
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur? (City or town) (County) (State)
Location Hagerstown Md.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?
Address Hagerstown Md.	Je Villea COL
19. Feb. 19. 1845 Chast Bows (Date rec'd by registrar)	2d. SIGNATURE AND M. D Older And Toll 6/1

CHAMME CO. S. S. W. U.A. HIUS

1. PLACE OF DEATH:
County Washington

WRITE PLAINLY, is especially

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 927

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

					1.
CERTI	CIC	ATE	OF	DE	ATT
CERII	ric	AIL	Ur	IJr.	$\mathbf{A} \mathbf{I} \mathbf{I}$

How long in above pla Hespital, institution,	ce of death?	alf Hou death occurred:	AL and give nearest town)	State Pennsylv City or town Warfo (if outside of Street Ne	rdsburg city or town limits, (If rural, give I	Rural write RURAL and give n	earest town)
3. (a) FULL NAI				The state of the s			
J. (a) POLL NA	<b>112</b>	Jol	hn Frank Le	wis		3. (b) Social Security NO	
4. Sex	5. Color er race	6.(a)Single, m	arried, widowed, or divorced	M	EDICAL CE	RTIFICATION	
Male	White	Mari	ried	20. DATE OF DEATH	1 - 0	7 1944	-10:301m
B.(b) Name et husbar	d er wite Geor	gian	Lewis	21. I CERTIFY that death occur	0		,
			alive, giva ageyears		19	to	19
7. Birth date of deceased (mo., da)		av 11	1873	and that I last saw h	alive on		19
8. AGE: Yes		-	It less than one day	Immediate cause of death.			DURATION
	71 9		hrsmin.	unu G		Failure	
9. BirthplaceF	ulton Co	ounty county, and stat	e)	Due te. Ayhur	Insia	^	***
10. Usual occupation Farming			Due to		RLO		
11. Industry or business   11. Name John Lewis		Other conditions	Il Ster	mis	****		
12. Name	Not Know				J (	(e. 5 (A) - 0.0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•••••••••
			aver	(Include pre			
15. Birthplace	Not F	(nown		Major findings of operations.			
			vis	Autopsy results			••••••••••
	Warfordsh			PHYSICIAN: Please underlin	e the cause to which	ch death should be charge	d statistically.
	n, or removal. Which	-,	March 2 1945 (month) (day) (year)	22. VIOLENCE: It death was Accident, suicide, or hemicide.			
11				Where did injury occur?			
Lecation	Near Dot	t. Pa.		Injured at home, tarm, industry	y, public place (whe	re?)	
1		•		Means of Injury		Injured at work?	
Address	Hancock,			1/2	lite,	R Polis	P
19. 2/2 (Date pec'd by	d 4.		Registrar	23. SIGNATURE	was -	md. M. D	or other 45
II (Date dec g by	(Allantati)		registrar	Address		V	And have a 1

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MAR 5 1945

BUFFAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

#### CERTIFICATE OF DEATH

112118

}	Keg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 430 N. Lount
died on way to hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	214-09-7177
	MEDICAL CERTIFICATION
Male white Married	2D. DATE DE DEATH 7 19.4.3 of 71.30 P.M
6.(b) Name of husband or wite Carrie & Martin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of	
deceased (mo., day, yr.) March 6-1906	and that I tast saw h
8. AGE: Years Months Days It less than one day	FOA A
38 11 11min.	Fluxung 104
9. Birthplace Emmentsly - Frederick Mrs. (Jown County, and state)	Due Io.
1D. Usual occupation Laborates	acte Coursey
11. Industry or business Superior Jamy Q.	Due 10
The Industry of Section 1	Weeling
12 Name William J. Martin  13. Birtholace Emmentshine md	Dither conditions
# 14. Maiden name Mary E Hacher	(Includa pregnancy within 3 months of death)
14. Maiden name Mary E Harrer 15. Birthplace Greenmant Pa	Major findings of operations.
16. Informani Mrs. Carrie & Martin	Autopsy results. Date 01 op.
Address Haquetown md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof 7th 20-1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & And Additional Company of the Company of t	Where did injury occur?
Location Ragualows Md	lojured at home, farm, industry, public place (where?)
18. Funeral director Scott & Minnich Lon	Means of injury Injured at work?
Address Hagustown and	d. Kleen Wollow W.D.
750- 10 15 Breattenouses	23. SIGNATURE M. D. OF CHANGE
(Date rec'd by registrar)  Registrar	Address Hajserhows Ut Date signed 766. 19 45

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING is especially important. Physical

PLEASE.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02119

# Reg. Dist. No. 316.

OTIO	PERSONAL PROPERTY.	TOL	Page 254	OT	DEA	PRESENT
	<b># 2 1</b> 7	16.0	I IA	( ) H		
		1 1 2			0.71.0	

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)  State		
3.(a) FULL NAME Patsy Ann McAfee	3. (b) Social Security Number None		
Female   5. Color or race   6.(a)Single, merried, wildowed, or divorced   Single   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH		
6.(b) Name of busband or wife	21. I CERTIFY thet death occurred on the date above stated; that I attended deceased from  19		
8. AGE: Years Months Beys If less than one deyhrsmin.	aute Bronche Preumonier 3day.		
9. Birthplace Wash County Hospital Hagerstown, Md  10. Usuel occupelion	Bue to		
Z 13. Birthplace Porterstown, Md  14. Maiden neme. Evelyn H. Miller	(Include pregnancy within 8 months of death)  Major findings of operations.  Bale of op.  Antopsy results.  PHYSICIAN: Pleaso underline the cause to which death should be charged statistically.		
14. Malden neme Evelyn H. Miller 15. Birthplace Mertinsburg, W. Va.  16. Informant Mr. Elmer L. McAfee			
Address Keedysville, Ad. R. F. D. #1  17. Burial (Burial, cremation, or removal, Which?)  Bate thereot. Feb. 4 1945 (month) (day) (year)	22. VIOLENCE: If deeth was due to extegnel causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory Tuscarora  Martinsburg, W. Va.	Where did injury occur?		
18. Funeral director R. I. Earnshaw  Address Keedysville, Md  19. Date ree'd by registrar)  Registrar	23. SINKING Popular Wash. CO. MD.		

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FEB 5 1945
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PLEASE

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

02120

# Reg. Diat. No. 301 303

# 2411 N. Charles St., Baltimore (464) CERTIFICATE OF DEATH

1. PLACE OF DEATH: ton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Mastilles	State Maryland County Washington		
City or fown. Bir Springs Md (If outside eity or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town Big Springs (If outside city or town limits, write RURAL and give nearest town)		
nospital, institution, or street address where death occurred:	Street No		
How long in hospital or institution?	(If referan, name war		
3. (a) FULL NAME			
	3. (b) Social Security Number		
James Fredrick Mckee  4. Sex   5. Color or race   8. (a) Single, married, widowed, or divorced			
	MEDICAL CERTIFICATION		
male   white   widower	20, DATE OF DEATH. 19 10 19 10 21 8 P. M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Jac 1 1945 10 Lel 2 19 47		
7. Sirth date of deceased (mo., day, yr.) Sept 12 1866	and that I last saw halive on		
deceased (mo., day, yr.) SEPU 12 1000  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
0.70	1 A 1 6 740		
	Comes of Mornago		
9. Birthplace. Indian Springe Md. (Town, county, and state)	Due to		
10. Usual occupation laborer Farm			
11. industry or business Farm	Due to		
12. Name James MCKee	Dither conditions		
	(Include pregnancy within 8 months of death)		
14. Malden name Rebbeca Cartey	Major findings of operations.		
15. Birthplace	Date of op.		
16. Informant Mrs Fred McCardel	Actopsy results		
Address Williamsport Md	PHYS1CIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Bate thereof Feb. 10 1945. (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Blairs Valley Cem	Where did injury occur?		
BlairsValley Md	injured at home, farm, industry, public place (whera?)		
	Means of lojury injured at work?		
18. Funerat director Edith V. Leaf	(13)		
Address Williamsport Md	23. SIGNATURE AT LET		
1. Feb 10. 45 Mrs & Kee M. El	M. D. or saker		
(Date rec'd by registrar)	Address a lew on, W. Date signed 7/18/43		

MAR 7 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

Supply every item of information carefully. The correct age lease write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/20/

### CERTIFICATE OF DEATH

3nd

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
county Washington Washington	(For newborn infants give residence of mother) Maryland State County Washington			
City or town Sharpsburg Md  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Lifetime	State County			
How long in above place of death? Lifetime	City or town Sharpsburg (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No.			
	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veleran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
George William Reed Mongan				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Married	20. DATE OF DEATH 11 19 45. 21 5 7			
6.(b) Name of husband or wife Helen May Pennel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	19-35 to FU 6 to FU			
7. Birth date of	and that I last saw h alive on the			
deceased (mo., day, yr.) March 8 1878  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death			
o, Addi	A land			
66   11   8  hrsmir	- 10 rema / Tary			
9. Birthplace Sharpsburg Md (Town county, and state)	Appe to g			
Shop Waker	(alay - Varenai - raine)			
	Due to Disland			
tt. Industry or business shoe Shop				
Thomas Mongan  In the state of	· Dther conditions			
13. Girthplace Va.	(Include pregnancy within 3 months of death)			
14. Maiden name Margret Elizebeth Reed				
E 15 Richaloca Va	major pagings of operations			
Wrs Ray Benner	— Date of op.			
10. Intormalot	Autopsy results			
Address Sharpsburg Md File	22. VIOLENCE: If death was due to external causes, fill in the following:			
Burial Burial Feb 9 1915 Bate thereof Feb 9 1915 (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide			
Mt View Com				
	Where did injury occur?			
Location Sharpsburg Md	Injured at home, farm, industry, public place (where?)			
18. Funeral director Edith V. Leaf	Means of Injury Injured at work?			
and the same of th	man 4 Charles			
Address Williamsport	23. SIGNATURE			
2-1 LL TET NOULA	M. D. or other			

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MAR 8 1945

BUREAU V.S.

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2411 N. Charles St., Baltimore (105)

30%

Date signed.

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C	rect a	
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	leg leg	
	ully	
	n caref learly	
	. Supply every item of information carefully. The correct age please write the causes of death clearly and legibly.	11
	info of (	-
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ED	uppl	
R	ple	-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADIN is especially important. Phys

PLEASE

VS A15

#### CERTIFICATE OF DEATH

	1/08: Nist: (1/0		
1. PLACE OF DEATH:  county Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Hagerstown RFD #40 Md.	state Maryland county Washington		
(If outside city or town limits, write RURAL and give nearest town)	Hagerstown Md. RFD #40		
How long in above place of death? 31 days	(If outside city or town limits, write RURAL and give nearest town)		
Mospilal, institution, or street address where death occurred:	Sireet No. Hagerstown Md. RFD #40		
Near Hagerstown Md. RFD #40	(If rurai, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
David Lynn Myers	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Baby			
	20. DATE OF DEATH. 20. 19		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from		
	711/4/1 19 10 71 2/4 19 19		
7. Birth date of Town 7.7. 3.04 m. years	and that I last saw barran alire on 19/43 19.		
deceased (mo., day, yr.) Jan 13 1945	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Seminary Callet at State and Seminary Callet a		
1hrsmin.	Market de de		
s. Sirthplace Hagerstown Md. Hospital			
9. Sirthplace Hagerstown Md. Hospital (Town, county, and state)	Due to.		
1D. Usuat occupation			
11. Industry or business	Due to.		
	- frayup		
E 12. Name Wilbur J Myers E 13. Sirthplace Williamsport, Md.	Dither conditions		
13. Sirthplace Williamsport, Md.	(Include pregnancy within 3 months of deeth)		
14. Malden name Kathryn Kendle  15. Birthplace Waynesbora Pa.  16. loformant Kathryn Myers (Mother)			
5 . aut. Navnachara De	Major findings of operations.		
To bloom of the strong of the			
16. lotormant Kathryn Myers (Mother)	Autopsy results		
Address Hagerstown Md RFD #40	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Feb. 14 1945	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. (Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory Rest Haven Cemetery	Where did injury occur?		
Location Hagerstown Md.	injured at home, farm, industry, public place (where?)		
18. Funeral director. Edith V Leaf	Means of Injury lojured at work?		
Address #7 Church St. Williamsport, Md.	22/11/15		
1 0 12 17 Hr	23. SIGNATURE / WWW		
(Date rec'd by registrar)  (Date rec'd by registrar)	Address Horse My Date stoned 1626 Si		

Address 9



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

## CEPTIFICATE OF DEATH

Date signed 2/12

CLRITICA			Reg. Diat. No.		
1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME (For newborn infants give residence		
				State Maryland county Washington  City or town Hagerstown  (If ontside city or town limits, write RURAL and give nearest town)  Street No. 235 Alexander Street  (If rural, give LOCATION)	
			(If rural,		
3. (a) FULL NA	ME	Roy E. Nye	2.(a) If veleran, name war	3. (b) Social Security Number	
4.Sex Male	5. Color or race White	8.(a)Single, married, widowed, or divorced Single		CERTIFICATION , 1945 4610 A. N.	
			21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from	
deceased (mo., da)		h 29, 1932	- Immediate several death	72610 19.4.S	
1	2 10	13mi	aculi Lymphat	je Klukaemia (?)	
9. Birthplace			Due to		
10. Usual occupation		Stydent	Due to		
12. Name		wn, Md.	Other conditions		
	Gladys	7744 3 4HM 2	(Include pregnancy within		
15. Birthplace	Hagersto	wn, Md.	_		
		r St Hagerstow ,		o which death should be charged statistically.	
		Date thereof	Accident, suicide, or homicide	Date of	
	Hagerst	se Hill Cemetery own, Md.		vn) (County) (State)	
16. Funeral director.	Fred W	Kraiss	Means of injury  This bueller	Injured at work?	
	Hagerstow // // registrar)	14 110	23. SIGNATURE VICTO D	7/1. 31.	
(Date rec'd by	registrar)	Registra	Address.	Date signed 7/12 465	

PLEASE WRITE PLAINLY, WITH UNFAPENG INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

STRAIN TO TRANSPORTED THAT SHARY HAN

RECEIVED

FEB 16 1945

BUREAU V.S.

# VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 830 CERTIFICATE OF DEATH

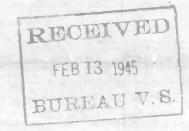
02124

D	Disk	NT_	3	0	2
Keg.	Dint.	INO.			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or lown. Ha sales to the sales	State md. County Wach.		
City or town	City or town (If outside city of town limits, write RURAL and give nearest town)		
How long in above place of death?	Street No. 923 Many Course of ave		
923 Maryland ave	(If rural, give LOCATION)		
How tong in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male While Widowed	20. DATE OF DEATH 7-eb 5 19.45 at 7:33 PM		
6, (b) Name of husband or wife anna 6, Oden	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
O (a) Halling also and	1942 to Jeb. 5 1943		
7. Birth date of	and that I last saw h alive on 1949		
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death		
68 10 20hrsmln.	Crelias hemershore		
Wolfsville, Fred. md	Duesto		
9. Birthplace (Town, county, and state)	Ly performeron,		
10. Usual occupation I held medical Worker	Dus Privar sclerores		
11. Industry or business Victor Products Cor	<b>A</b>		
12 Hane Nathaniel E Oden	Other conditions		
3 13. Birthplace Near Knogerylle Md	(Include pregnancy within 3 months of death)		
14. Maiden name Elizabeth Richardson			
15. Birtholace Baltimore Md.	Major findings of operations		
18. laformant Mus Vernon Nuchola	Autopsy results.		
use to med	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
A 1 3el- 9 1945	22. VIOLENCE: It death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Oate thereof Tet 9, 943.  (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Rose Hell	Where did injury occur?		
Location / ta gerstown Md	Injured at home, farm, industry, public place (where?)		
18. Funeral director List 7 Minnich Von	Means of tnjury Injured at work?		
L	(15)		
Address Augustown Md-	23. SIGNATURE. M. D. or shire!		
19, Tec. / 19 43 - OKAN Hower V	Address and sur Wed Bate signed 2/7/42		

Transcript Statement of the Statement of

RECEIVED FEB 13 1945 BUREAU V.S.



PLEASE WRITE PLAINLY, is especially

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Marshard County Washing Long
City or town (If outside city or town limits, write RURAL and ove nearest town)	1260 15000
low long in above place of death?	City or town
lospital, institution, or street eddress where death occurred:	Street No. 5 9 Hornon Cice
S. J.	(If rural, give LOCATION)
ow long tn hospital or tnstitution?	.   2.(a) tf veteran, name war
B. (a) FULL NAME POOL	3. (b) Social Security Number
Manne V. Bille	none
Sex 5. Color race 6.(a) Single, married, withwed, or divorced	MEDICAL CERTIFICATION
Lemals pal Married	20. DATE OF DEATH. Feb. 3, 19.45, et 2
(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Birth date of	and thet I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
B. AGE: Years Months Days If less than one day	
14 18 11 700 min	
Birtholace Martinsfrung W. Va.	Due to Du
(Town, county, and state)	
O. Usuat occupation	Due to
11. Industry or business	_
12. Name Wellean Felier Mol.	- Diher conditions
	(Include pregnancy within 8 months of death)
14. Malden name O Tins Down W. Va.	
15. Birtholace Martins Dours W. Va.	Majer findings of eperations.
m 118 m. 1001	Antepsy results
18. Informant	PHYSICIAN: Please underline the cause te which death should be charged statistically.
Address 9 4 Commons Cive	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, Total Sergency Wash?)  But thereof. Detailed (day) (year)	Accident, suicide, or homicide
12000	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director College Torreno	Means of Injury tnjured at work?
Address 29/ Frederech St.	23. SIGNATURE V When & le seles Co. MD.
10 teb-6 1945 bhast 177 our	16 11 - me M.D. Je 144
(Date rec'd by registrar) Registra	Address Date signable

RECEIVED
FEB 13 1945
BUREAU V. S.

PLACE OF DEATH.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2)

02126

# CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED.

Reg. Diat. No. 362

Washington	(For newborn infants give residence of mother)
Unconstamn Maryland	Slate Maryland County Washington
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 25 years	City or town (If outside city or town limits, write RURAL and give nearest town)
How tong in above place of death? Zo years	(If outside city or town limits, write RURAL and give nearest town)
Hospilat, institution, or street address where death occurred:	Street No. 801 Virginia Avenue
801 Virginia Avenue	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles D. Reel	214-09-9070
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	11 1 1.110
	20. DATE OF DEATH. 1945, 218 7.
6.(6) Name of husband or wife Helen M. Reel	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
	ears 19 to
7. Birth date of deceased (mo., day, yr.) April 23, 1886	and that I last saw halive on
8. AGE: Years   Monthe   Days   t1 tess than one day	Immediate cause of death
50 50 50	2
	min. Chr. Lyocarditis iyr
9. Birthplace Sharpsburg, Wash. Co. Md. (Town, county, and state)	Que to
Tool Crib	acute ventricular dilatation
The description of the state of	Due to
12. Name Thomas H. Reel	Diher conditions
13. Birthplace Sharpsburg, Wash.Co.Md.	(Include pregnancy within 3 months of death)
14. Malden name Mary Grice	
Mary Grice 14. Malden name Mary Grice 15. Sirthplace Sharpsburg, Wash. Co. Md.  Mrs. Helen M. Reel	Major findings nl nperations
El 15. Birthptace Bliar psourg, wash. oo. Mu.	Date of op.
16. Informant Mrs. Helen M. Reel	Autapsy results.
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Oate thereof 2-25-45	22. VIOLENCE: tl death was due to external causes, fill in the following:
Burial Oate thereof 2-25-45 (Burial, cremation, or removal, Which?)	Accident, autoide, or homicide
Cemetery or crematory Mountain View Cemetery	Where did injury occur?
Location Sharpsburg, Maryland	Injured at home, farm, industry, public place (where?)
	Magne of Injury / Injured at work?
18. Funerat director C. M. Suter & Sons	SAD X 113,000 DEFUTY MEDICAL EX
Address Hagerstown, Maryland	WASH CO
For 14 45 Glaster Document	
19. (Date rec'd by registrar)  19. (Date rec'd by registrar)  Regis	trar Address Hazerburg Ma Bate Style 6.23 4



RECEIVED
FEELS 1945
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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9	-11	1	- 10	1		a.
- 12	-9	6	- 15	Sec. of		7
	P	-	willia.		4	

CERTIFICA	ATE OF DEATH Reg. Dist. No. 306
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County Assumption  City or town (If outside city or town brits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	nolds
4. Sex 5. Color or ruce 6.(a) Single, married, wido et, or divorced	MEDICAL CERTIFICATION
In W Single	20. DATE OF DEATH. # 24 19 45 01 / A M
8. (b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  7 4 25 hrs. m  9. Birthplace Congress (Town, coupty, and state)  10. Usual occupation 11. Industry or business 12. Name Congress 13. Birthplace Augustus 14. Maiden name Congress 14. Maiden name Congress 15. Birthplace Congress 15. Birthplace Congress 16. Supposed 16. Maiden name Congress 16. Supposed 16. Maiden name Congress 16. Supposed 16. Suppos	and that I last saw h. Letive on J.
16. Informant W. Blass B. Reynolds Address Swittesburg and # 2  17. Burial Burlal, eremation, or remogni. Which Date thereof (month) (day) (year)	Autopsy results.  PHYSICIAN: Flease underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Smithsburg Bennetting Location Muthsburg M. A.  18. Funeral director Malter J. Grove	Where did Injury occur? (Chry or town) (County) (State)  Injured at home, farm, lodustry, public place (where?)  Means of injury injured of work?
19. Feb 24 1948 Leeks W. Ferguson (Date ree'd by registrar)  19. Registrar	

RECEIVED MAR 6 1915 BUREAU V.S. MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02130

# CERTIFICATE OF DEATH

1. PLACE OF DEA		le des out	a w	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
County			_		ton
City or towa Security Maryland (If outside city or town limits, write RURAL and give nearest town)		state Maryland County Washing	· · · · · · · · · · · · · · · · · · ·		
			8	City or town Security, Maryland (If outside city or town limits, write RURAL and gr	ive nearest town)
Hospital, Institution, or					
-3-2		***********		Street No	***************************************
How long in hospital or	Institution?	•••••	***************************************	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME				3. (b) Social Sec	maita Namhar
	n-	lab I	aganh Piglay	216-07-	,
4. Sex	5. Color or race	LDII J	oseph Rigley		
				MEDICAL CERTIFICATION	
Male	White	Ma	rried	2D. DATE DE DEATH TOF 9	45 at 480 PM
6,(b) Name of husband	www. Marth	a Rig	lev	21. I CERTIFY that death occurred on the date above stated; that I attende	ed deceased from
				Oct. 21, 1844 10 Fall	10 1845
7. Birth date of	o 4 - 3		e) It alive, give ageyeers	and that I last saw h smallye on Fet. 8.	1955
deceased (mo., day, y	) OCTOBE	T II,	Tara	Immediate course of death	DIRATION
8. AGE: Years	Months	Days	It less than one day	Tuterculous Pulmonery	1940
30	3	23		11 Payments	5 number
8 BirthplaceLOI	aconing.	Mary	land	Due to Tuberulano. Ellent.	berech-
	(lown,	county, and a	tate)	11 Perelocato	2 week-
1D. Usual occupation	Burne	r	***************************************	Ban An	)
11. Industry or business				90e 10	
E 12 Name A	lbert Rig	gley		Other conditions	300000000000000000000000000000000000000
12. NameA.	ttinghar	n. Ens	aland	OTHER CONDITIONS	**********
SI S	Laura Mo	arria		(Include pregnancy within 3 months of death)	
14. Maiden name	Daula III	- Mo-	oral and	Major fiedings of operations.	***********
14. Maiden name	rostour	5 Mai	ryland		
16. Intermant	Mrs. Ral	ph Ri	gley	Autopsy results. 200	***************************************
	curity,			PHYSICIAN: Please underline the cause to which death should be ch	arged statistically.
Durania	1		2 12 45	22. VIOLENCE: It death was due to external causes, fill in the following;	
17 Buria, (Bnrial, cremation,	or removal, Which?)	Date there	(month) (day) (year)	Accident, euicido, or homicide	
	st. Ma	rvs C	emetery	Where did injury occur? (City or town) (Connty)	
	coning,				(State)
				Injured at home, farm, lodustry, public place (where?)	
18. Funeral director	C. M. Su	ter &	Sons	Means of Injury Injured at work	7
	gerstown			In How - tropies	
		04	2014/3-101	23. SIGNATURE	V. D. on other
19.	0. 1945 istrar)	101	wy 110/owen	Jeserstone, Ald	tol- 11.1605
(Date rec u by reg	is stat)		Registrar	Address Date 8	igned 4-11/1945

HARRIE TO STATISTICAL STATES

RECEIVED
FEB 13 1945

BUREAU V.S.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 33-0

# CERTIFICATE OF DEATH

		30	2	
eg Dist	No		-	_

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washing to	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County Exact County
How long in above place of death? 2 2 5	(If outside city or town limit), write RURAL and give nearest town)
Hospitat, institution, or street address where death occurred:	
Washington County Hospital	Street No.
How long In hospital or institution?	(If rural rive LOCATION)
3.(a) FULL NAME	
6 1 . 0 1	3. (b) Social Security Number
Becer Celvin Schroy.	216-02-8485
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Felening 13" 19.45 at E-& M
6.(b) Name of husband or wite + x2 ( . Schroye)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ege 5 years	Oct 7" 1944 to Feb 13" 1946
7. Birth date of deceased (mo., day, yr.) 8c+. 26. 1893	and that I last saw h. Lean alive on
8. AGE: Years   Months   Days   tf tess than one day	Immediate cause of death DURATION
	Chaire representes of his.
9. Birthplace Myerskille Frederich Co. Md.	Due to
10. Usual occupation tan elin Liveraft Employe	
10. Usual occupation tan the Later Landloye	Bue to
11. Industry or business	
12. Name Orlyin Schroyer  13. Birthplace Myersville, Md.	Diher conditions accute 4 may.
\$ 13. Birtholace Myersville, Mid	
E FLL Color	(include pregnancy within 3 months of death)
E 14. Maiden name Ette Schroger	Major findings of operations.
14. Maiden name Ette Schrover  15. Birthpiace Myersyille, My	Date of op.
16. tatormani Eva Salvroner	Autopsy results
Address Myers ville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal, Which)  [Burial, cremation, or removal, Which]  [Quantity of the content of the	Accident, suicide, or homicide
Genetery or crematory U. B. Come Eterry	
	Where did lajury occur?
rocailou MA 612 ATT 6116	Injured et home, farm, industry, public place (whore?)
18. Funerat director Called Lill Ca	Means of injury injured at work?
Mall I sol	0111215
Addross / (dd le tags, / (d.	23. SIGNATURE Stanland Made. M. D.
19 Feb 15,045 Chastisowers	M, D, or other
(Date rec'd by registrar) Registrar	Address / Zacus land mod Dajo stoned 2/18/45.

B. L. FEB 19 1945 BURKATTE

WRITE PLAINLY, is especially

PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

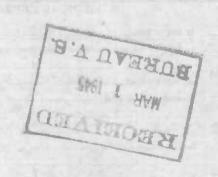
2411 N. Charles St., Baltimore (237)

# CERTIFICATE OF DEATH

3021

02132

	Reg. Dist. No.
1. PLACE OF DEATH: County Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
THE RESERVE OF THE PROPERTY OF	Washington
City or town HAGETS LOWN Md.  (If outside city or town limits, write RURAL and give nearest to the state of death? 3 WEEKS	OWD)  City or town Fulton Ave Williamsport Md.  (If outside city or town fimits, write RURAL and give nearest town)
Washington County Hospital	Street No. Fulton Ave. Williamsport, Md.
How long in hospital or institution? 3 weeks	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ralph Mumma Siler	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. 2/2 6/45 19
8.(b) Name of husband or wife Nellie Banzhoff	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased	VARIE 126/44 10 7 10 7 2 2 5 45 10
7. Birth date of deceased (mo., day, yr.) Jan. 23 1892	and that I last saw h Latire oo 2/2/2/2/2/19
8. AGE: Years   Months   Days   It less than one day	Immediate carde of Anth.
7 7 7	min. Noterox the sufficient
9. Birthplace Harrisburg, Pa. (Town, county, and state)	Due to Molig West Hyper Rysion 5 200.
10. Usual occupation Leather finisher at	4
11. Industry or business Williamsport, Tannery	Due to
E 12. Name Edward Siler 13. Birthplace Pa.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maideo name Last name Mumma  15. Birthplace Da.	Major findings of operations
2 15. Birthplace Pa.	Date of op.
18, latermant Earnie Banzhoff	Autopsy results.
Address Williamsport, Md.	PHYS1CIAN: Please underline the cause tu which death should be charged statistically.
	22. VIOLENCE: It death was due to exteroal causes, till to the tollowing;
Burial Burial Dale thereot Feb. 28 1 (Burint, cremation, or removal, Which?)	yenr) Accident, suicide, or homicide
Cometery or crematory Riverview Cemeterv	Where did injury occur?
Williamsport, Maryland	Injured at home, tarm, industry, public place (where?)
Location Edith V Leaf	Means of injury Injured at work?
#7 Church St. Williamsport	16d
Address # / Church St. Williamsport	23. SIDNATURE 23. SIDNATURE 24.
1. 78 - 17 .45 prastillow	end 23. Signature M. D. or other
(Date rec'd by registrar)	Registrar Addres Addres All Le Kor V Wal Bate signed 277



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

(12133 302) Reg. Dist. No. 302

I. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Washington  City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  Stroet No. 407 S. Potomac Street  (If rural, give LOCATION)  2.(a) If voleran, name war.  3. (b) Social Security Number
Mary Louise Snavely  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. BATE DE DEATH. Teb 23 18.4.5 at 7.20.8 m
6.(b) Name of husband or wife Harry S. Snavely	21. I CERTIFY that death occurred on the date above stated; that I atlanded deceased from
s (c) If allow the per 50 years	Jeb 23 1945, 10 Jeb 23 1945
7. Birth date of doceased (mo., day, yr.) February 7, 1894	and that t last saw h. A. z. alivo on
8. AGE: Years   Months   Days   If less than one day	Immediato cause ol death
51 0 16hrsmin.	Growing Occlesion ?
9. Birthplace Hagerstown, Wash. Co. Md.  (Town, county, and state)  10. Usual occupation Ho usewife  11. Industry or business  12. Name B. F. Poffenberger  13. Birthplace Hagerstown, Wash. Co. Md.	Due to  Due to  Due to  Diher conditions.
14. Maiden same Anna Reynold  15. Birthplace Hagerstown, Wash. Co. Md.  18. taformant Harry S. Snavely	(Include pregnancy within 3 months of death)  Major findings el operations.  Bato of op.
18. taformant Harry S. Snavely	Autopsy results.
Address Hagerstown, Maryland  17. Burial  (Burial, cremation, or removal, Which?)  Cemotory or crematory. Rose Hill Cemetery  Location. Hagerstown, Maryland  18. Funoral director. C. M. Suter & Sons  Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
19. 7 El - 24 19 45 Chast Howers	23. SIGNATURE M. D. or other  Address Hand and M. D. or other  Address Hand and M. D. or other

Carlotte Hard 

Supply every item of information carefully. The correct agese write the causes of death clearly and legibly.

WITH UNFADIN

# VS A15 PLEASE WRITE PLAINLY, is especially

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

02134

# CERTIFICATE OF DEATH

Reg. Dist. No.302

							Neg. Dist. No.1	W. W. PW
1. PLACE OF DE	EATH:	Total C			2. USUAL RESIDENCE (HON (For newborn infants give resid	ME) OF	DECEASED:	
		*****************	***************************************	***************************************	state Maryland county Washington			ton
City or town	outside city or town	limits, write RU	RAL and give nearest t	town)	Hagerstown	n		
How long in above place	ce of death? 58	Years			(If outside city or tow	wn limits,	write RURAL and give	
	or street address where		***************************************		Street No. 1828 Virg			
	or institution?			***************************************	Mana	ral, give L	ocation)	
			***************************************	*************	2.(a) if veteran, name war. NOTTE			••••••
3. (a) FULL NAM							3. (b) Social Securi	ty Number
Otho S	cott Sno	ok					None	
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorc	ced	MEDICA	AL CE	RTIFICATION	Δ.
Male	Whit	el W:	ldower		20. DATE OF DEATH Februa:	ry 2	5 1945 19	2 at 5 . 30
6.(b) Name of husband	d or witeK	atherin	ne .		21. I CERTIFY that death occurred on the			
			If alive, give age	WAGE	June (			
7. Birth date of				years	and that I last saw hadden.alive on	<i>7</i> .	-ea 24	19.4.2
8. AGE: Year	yr.) March	J Days I	it less than one day		Immediate cause of death	/		DURATION
0					Cerebral Se	clar	oses	7
87	9	100		min.		Α		
9. Birthplace Bo	onsboro (Town	W sh. (	Co. Md.	************	Due to Alleros	cle	iosis	
10. Usual occupation	Farmer	******************						
11 industry or husine	ss Retire	d			Due to			
	acob Sno	- 1-	***************************************		Dither conditions		***************************************	
12. NameJ	Frederi						***************************************	
					(Include pregnancy w	vithin 3 mo	nths of death)	
14. Maiden name			••••••		Major findings of operations			
	Frederi						Date of op	***********************
16. Intormaot	Norman J	Snook	<b></b>		Autopsy results			
Address	Hagerst	own Md.			PHYSICIAN: Please underline the cau	use to which	h death should be chara	red statistically.
_			2/27/45		22. VIOLENCE: If death was due to ext			
	n, or removal. Which	7)	(month) (day) (		Accident, suicide, or homicide	000000000000000000000000000000000000000	Date of	
Cemetery or crema	Mausole	um Rose	Hill Cen	meter	Where did injury occur?(City or	r town)	(County)	(State)
Location	Hager	stown 1	/d.		Injured at home, farm, Industry, public ;			
	Andrew				Means of injury		Injured at work?	
Address	Hagerst				, 110	0	t. 1:0	1mA
In 1	16 116	- 0-	1. AHB	1000	23. SIGNATURE	Ton	recorde	D, or other
19/ (Date rec'd by r	epistrar)	10/	any 1, tou	Registrar	Address 136WW	asl	inglows in	2/26/6
(Date let d by I	-Provide 1			o San or old	AVVICES	0000-000-00-00-		



HAR 5 1945 TUREAU V.S. MARGIN RESERVED FOR BINDING

The

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

02136

Reg. Dist. No. 302

CERTIFICA	Reg. Dist. No	202
County Was function  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Mayland County Washing City or town Hagestown & 760 2 w  City or town House city or town limits, write RURAL NEAR and give  Street No.	lard No
Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days) 1 44	(If rural give LOCATION)  2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME Sherley Jeanett S	hade 3. (b) Social Security	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female White Single	MEDICAL CERTIFICATION  20. DATE OF DEATH FLB. 25 19 4.	Tat Zelf
B (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dece	eased from
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day    17hrs	Immediate cause of death  Broncho Pneumonia	DURATION 2 ols
9. Birthplace Broadfording Wash Co.  (Town, clusty, and atate)  10. Usual occupation Infant	Due to	-
11. Industry or business  12. Name Alexander Spade  13. Birthplace Zulton Co. Pa.	Dther conditions 6	-
14. Maiden name Edith M. Hull	(Include pregnancy within 3 months of death)  Major findings:	PHYSICIAN
18. Informani Mr. Alexander Shade	Of autopsy	the cause to who death should be charged statistically.
17. Burial Date thereof Fb. 27 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Location Broadfording	Where did Injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?)  Means of injury !njured at work?	(State)
Address	23. SIGNATURE David R. Bren	ver
19. Tels 26 1945 6 Mary Rogistrar)	DO ADI LA A M. D.	or other 2/2.5/4

BOKEVO A.E.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

# Dr Kneisley

(12137 302 Reg. Diat. No. 302

# CERTIFICATE OF DEATH

1. PLACE OF DEATI	V	Mahin	noton	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Washington Hagerstown				state Maryland county Washing	rton
City or town Hagerstown (If outside city or town limits, write RURAL and give near at town)				State Character 1 a Mary 1 av	2 G
How long in above place of death? 40 years			rears	City or town Cit outside city or town limits, write RURAL and give	nearest town)
Hospital, Institution, or stre	eet address where	death occurre	d:	Street No. Chewsville &Cavetov	
One	wsville	FIK	<del></del>	(If rural, give LOCATION)	
How long to hospital or ins	fitution?	•••••		2.(a) tf veteran, name war	
3. (a) FULL NAME				3. (b) Social Securi	ity Number
		Webs	ter L. Spessard	None	
4. Sex 5.	Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Married	20. DATE OF DEATH. Febuary 26 19 45	5 at 7A.
6.(b) Name of husband or w	vife	Eff:	Le	21. I CERTIFY that death occurred on the date above stated: that I attended d	eceased from
		8.6	a) If all we refuse ago. 70	January 28, 1944 19 10 Feb. and that I last saw h im alive on February 26, 194	26, 1945
7. Birth date of	Febu	10777	c) tf alive, give age	and that I last saw h im alive on February 26, 194	19
deceased (mo., day, yr.)  8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION
74	6	19	The second secon	Coronary occusion	15 min
			hrsmln.		***************************************
9. Birthplace Che	WSVILLE	Wasi	1.Co.Md.	Due to Coronary sclerosis	Indef.
	F	arme	n		
10. Usual occupation		ired		Due to	
11. Industry or business					
gales	vid R.		***************************************	Other conditions Chronic myocarditis	Indef
The state of the s	ewsv111			(Include pregnancy within 3 months of death)	
14. Malden nameE 15. Birthptace K	lla Lir	16	.,	Major findings of operations.	
15. Birthplace K	eedysvi	lle,	Maryland	Major nadings of operations.  Bate of on.	
44 1-4	Mrs Eff	ie Sy	essard	Autopsy results.	
				PHYSICIAN: Please underline the cause to which death should be charge	
			Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;	
Buria, (Buriai, eremation, or	removal Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide	
	Gre	en H	ill Cemetery	Where did injury occur?	*************
Cemelery or crematory			•••••••••••••••••••••••••		(State)
Location				Injured at home, farm, lodustry, public place (where?)	*****************************
18. Funeral director	Andre	w K.	Coffman	Means of tnjury Injured at work?	
Address				BOV. 0	
7-1 11	1. /	K	tealled was	23. SIGNATURE	D. or other
197 EUT & 6	1940	-01	Registrar		od 2/26/45
That fee a by tegisti	26.1.2		Registrar	Target and the second	PR C. I. C. D. I. A. D



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13/a)

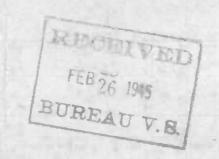
# CERTIFICATE OF DEATH

	Keg. Dist. No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington Hagerstwon	state Maryland County Washington		
Cily or town	THE PROPERTY OF THE PROPERTY O		
How long in above place of death? 10 16818 Hospital, institution, or streel address where death occurred:	City or town		
230 Alexander St.	Street No. 230 Alexander St. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war None		
3. (a) FULL NAME	3. (b) Social Security Number		
Mrs. Laura Savilla Sprankle 4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced	None		
4. Sex 5. Color or race 6.(a)Singlé, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH February 22 1945 19 of 7 A		
6.(6) Name of husband or wife Augustus	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.44, to 72.62.219.45		
7. Birth date of	and that I fact cam h av allyo on 2//8-		
deceased (mo., day, yr.) May 2 1861			
8. AGE: Years Months Days II less than one day			
83 9 20min.	artico-sclewing		
9. Birthplace Maugansville Wash. Co. Md.	Due to Chronic Rephrifis.		
10. Usual occupation. Housewife			
11. Industry or business Bwn Home	Due to		
	Other conditions		
12. Name Jacob Shipp  13. Birthplace Waynesbore Pa.	(Include pregnancy within 3 months of death)		
14. Malden name Caroline Kelly 15. Birthplace Lancaster Pa.	Major findings of operations		
18. teformant Clyde H. Sprankle	Antonsy results		
Address Hagerstown Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Bate thereol 2/25/45 (month) (day) (year)	Accident, suicide, or homicide		
Cemelery or crematory Dunkard Cemetery	Where did injury occur?		
Location Broadfording Md.	Injured at home, farm, Industry, public place (where?)		
19. Funeral director. Andrew K. Coffman	Means of Injury tojured at work?		
Address Hagerstown Md.	1/2/ Sunta		
2 1 12 12 11 11 man 1	23. SIGNATURE. M. D. MILLER. M. D. M. D.		
(Date ree'd by registrar)  Registrar	Address Lal W. WASHINGTON, ST Date signed 2/22/194		

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH The 2411 N. Charles St., Baltimore 4770 CERTIFICATE OF DEATH Reg. Dist. No. 30 2 supplied. 1. PLACE OF DEATH: ' 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) be carefully clearly and legibly. (If outside city or town limits, write BURAL NEAR and give town) Stay in hospital or inst. (yrscor mos., or days) plnods Stay in this community (yrs., or mos., or days) -2(a) IF VETERAN, NAME WAR ... 3. (a) FULL NAME 3. (b) Social Security Number information s 4. Sex MEDICAL CERTIFICATION FOR BINDING Jo item Every ite deceased (mo., day, yr.) DURATION 8. AGE: Years MARGIN RESERVED please NFADING I Physicians: 1 10. Usual occupation 13. Birthplace (Include pregnancy within 8 months of death) PHYSICIAN Major findings: Of operations Please underline impor the cause to which death should be charged statistically. especiall 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur?\_ (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) \_ Means of Injury Injured at work? 23. SIGNATURE

# MIASUMO STADIETAS

RECEIVED
FEB 21 1945

BURRATTE

(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Novenstene

Reg. Dist. No.....

R # 3 write RURAL and give nearest town)

DECEASED:

OCATION)

		2				00	
~	n		NI.	_	U	02	

				FE OF DEATH
How long in above place of Hospital, institution, or	ashingto agerstow teside etty or town in of death?	n Weeks Weeks	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DEC. (For newborn infants give residence of mother) State. Mazyland County.  City or town. Hagerstown R (If outside city or town limits, write Streel No. Beaver Creek RO (If rural, give LOCAT 2.(a) If veteran, name war. None
	Elmer S: 5. Color or race	umme r	S married, widowed, or divorced	MEDICAL CERTI
Male	White	N	arried	20. DATE OF BEATH February 12 19
7. Birth dafe of deceased (mo., day, yr.  8. AGE: Years			) tt alire, give age	21. I CERTIFY that death occurred on the date above stated  19  and that I last saw h
9. 6irthplaceWO.1 10. Usual occupation 11. Industry or business	Farmer	ounty, and s	tate)	Due to
	Wolfesvi		· d	Other condition
ad l				(Include pregnancy within 8 months of
Address  17. Burial (Burlal, cremation, Cemetery or crematory) Location.	Hagerston or removal, Which?) Rest Hager	wn Md  Date there  aven  stown	R # 3 of 2/15/45 (month) (day) (year) Cemetery Md.	Autopsy results.  PHYSICIAN: Please underline the cause to which deat  22. VIOLENCE: It death was due to external causes, till  Accident, suicide, or homicide.  Where did injury occur?  (City or town)  Injured at home, farm, indusfry, public place (where?)  Means of injury
18. Funeral director			ffman Md.	0:7.7
Address Hagerstwon Md.			23 SIGNATURE DELLEY MOVEREL	

3. (b) Social Security Number None RTIFICATION onths of death) h death should be charged statistically (State) M. D. or other, Registrar Address

RECEIVED

FEB 16 1945

BUREAU V.E.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (78)

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Courty Washington	(For newborn infants give residence of mother)
City or fown [1] (If outside city or town limits, write RURAL and give nearest town)	State Varyand County Varyant
(If outside city or town limits, write RURAL and give nearest town)	Taglistono
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occupred:	Street No. 528 Salem ans.
Urash Co. Hoskital	(If rural, give LOCATION)
	N m.
How long in hospital or institution?	2.7711 (2.00.001) (2.00.000)
3. (a) FULL NAME	3. (b) Social Security Number
[ + 11 ···	. ^
desiles Flaman	717-07-9291
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH February 4, 19 45 at 2P M
Male White Married	
B. (b) Name of husband or wife Hazel Littlow	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(0) using at maspaire of mile	19
7. Birth date of Co. 1 f allve, give age 119 — years	and that I last saw halive on
deceased (mo. day, yr.) Abril 17. 1894	
	Immediate cause of death
o, Ade;	Extensive 3rd degree burns
50 9 17hrsmin.	
Hagyatory Wash Co. md.	of body and extremities
9. Birthplace Daguatorum Urasta Co . Md.	046 14
0 1 +	Due to Shock
10. Usual occupation	Due to
11. Industry or business Chause Chause Cally	
# 12 Hame David & Titlow	Other conditions
The state of the s	
3. Birthplace (Salbhune M)	(Include pregnancy within 8 months of death)
14. Maiden name Mary Jane Snyder	
	Major findings of operations
\$ 15. Birthplace Dremastle Verma	Bate of op
18 Informant Mrs. Hazel Tillers	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 528 Salem are Hogheston Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof 3 ll. 9. 1945	Accident 9/4/45
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	
Q + 11 C. +	Where did injury occur? 110 5 12 5 5 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Cemetery or crematory	Pennsylvania Railroad
Location Hauten Md.	injured at home, farm, lodustry, public place (where?)
11m 3 Ch. +ac.	Means of Injury Burned Injured at work? Yes
18. Funeral director	DEPUTY EDICAL EXAM.
Address Bonnedon Md	WASH. CO., MD.
-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	23. SIGNATURE M. D
1. tel. 7. 1.45 lokastizowers	Ylon to he stille
(Date rec'd by registrar) Registrar	Address Nagustown, M. Date signed 145

RECEIVED

FEB 13 1945

BUREAU V.S.

Supply every item of information carefully. The correct age as write the causes of death clearly and legibly.

UNFADING IN

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARGIN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# DEALIH

Dr. Kohler (12142

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
county Washingyon	(For newborn intants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Wash ngton
(If outside city or town limits, write RURAL and give nearest town)	City or town Hagerstown
How long in above place of death? 10 Years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: 652 North Mulberry St.	Street No. 652 North Mulberry St
.0++0+0+ 0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0	(If rural, give LOCATION)
How long in hospital or institution? None	2.(a) It veteran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
1/ O3 David Maria 32	None
Mrs. Clara Rowe Troxell  4. Sex   15. Color or race   6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Female White Widow	20, DATE OF DEATH February 9 1945 19 at 10 A m
6.(b) Name of husband or wife. William	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	ay 1944 10 Het 9 1945
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) February 19 1855	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
89 11 29hrs. min	fereng turoregg 3 mo
	Due to Cinferio Scheros 1440
9. Birthplace Roxbury Wash. Co. Md. (Town, county, and state)	Due to Language Defended July my my
10. Usual occupation Housewife	garage for
10. USUAL OCCUPATION	Bue to.
11. Industry or business Own Home	
12. Name Abraham Rowe	Dither conditions
12. Name Abraham Rowe 13. Sirinplace Shiloh Md.	
	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations.
14. Maiden name Ann Elizabeth Gallagher 15. Birthplace Shiloh Md.	Date of op.
16 Interment Mrs. Sherry C. Ridenour	Autopey results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagerstown Md.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
Burial Date thereot 2/12/45	
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur? (City or town) (County) (State)
Location Hagerstown Md.	injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffman	Means of Injury tnjured at work?
Address Hagerstown Md.	
TAIN 11- 19-144	23. SIGNATURE M. D. Company
19. 125. (2, 1945 Q Kary) 40 werry,	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
(Date rec'd by registrar) Registra	Address Date signed

REMAINED BURLAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians. p

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02143

302

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Washington  City or town Hagerstown, Maryland  (If ontside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospilal, institution, or street address where death occurred:	(For newboru infants give residence of mother)  Many Jand Wach inct on
City or jown Hagerstown Marviallu	State Maryland County Washington
How long in above place of death? 40 years	City or town (If outside city or town limits, write RURAL and cive nearest town)
Hospital, Institution, or street address where death occurred:	City or town Hagers town limits, write RURAL and give nearest town)  867 Dewey Avenue
867 Dewey Avenue	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sarah Ann Wagner	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDIGAL CERTIFICATION
Female White Widow	2D. DATE OF DEATH 5 PM
6.(6) Name of husband or wife James A. Wagner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B (e) If allow give age	19 10 10 19 19
7. Birth date of deceased (mo., day, yr.) November 2, 1867	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
77 7 0	FOCUPED THUM
### ### ##############################	
e. Birthplace Emmittsburg, Maryland (Towa, county, and state)	Due to Dyfarthul Lavb Club 6 91)
Housekeener	MONJONA - SCULARIA
1D. Usual occupation.	Due to
11. Industry or business	
12. Name William Dorsey 13. Sirthplace Emmittsburg, Maryland	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Malden name Margaret C. Martin	
Emmittsburg, Maryland	Major findings of operations.
14. Malden name Margaret C. Martin  15. Birthplace Emmittsburg, Maryland  16. Informant Mrs. Warren Smith	Date of op.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal, Which?)  Bate thereof 2-14-45 (mouth) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (mouth) (day) (year)  (mouth) (day) (year)	
Cemetery or crematory. Ites o Havell Comecoly	Where did injury occur?
Location Hagerstown, Maryland	Injured at home, farm, Indostry, public place (where?)
18. Funeral director C. M. Suter & Sons	Means of Injury Injured at work?
Address Hagerstown, Maryland	WM () (at 1918)
The 15 17 14 142	23. SIGNATURE
19. Jeb. 3. 19 45 Wastildowers (Date ree'd by registrar) Registrar	15/2/10 N TONI M. D. or others - 14
(Date rec'd by registrar) Registrar	Address Date signed

STATE OF A TRUST LAST OF A TATE OF A LINEAR



.. Date signed .....



PLEASE

A15 SA

# MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 930

CERTIFICAT	TE OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH:  County (House of death?)  How long in above place of death?  Hospital, institution, or street address where death occurred:  ### ### ############################	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Manual County Wanding to C
3. (a) FULL NAME	3. (b) Social Security Number
Richard & Williams	
4. Sex 5. Color or race 9.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Widowed	20. DATE OF DEATH 7-16 20 19.45 at 5230 PM
6.(6) Name of husband or wife Augusta a Milliams  6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Dec 15 1853	and that I last saw h in 2 alive on 2 - 20 - 45
8. AGE: Years Months Days If tess than one day	Immediate cause of death
89 2 3hrsmin.	Congestive heart trule blows
9. Birthplace Sypheanillo Wound - Md (Town, county, and atate)	Due ta
1D. Usual occupation Zamer	Due to Afferting in Hearth seems 10 years
11. Industry or business Percent	Dither conditions.
12. Hame John Williams  13. Birthotace England	
14. Maideo name. Mary Lones  15. Birthplace England	(Include prognancy within 3 months of death)
15. Birthniaca Employed	Major findings of operations.
16. loterment Mr. 74. My Lipky	Autopsy results.
Address Hazeralown Find	PHYSICIAN: Please underline the cause to which death should be charged statistically.
" Busiful 23-1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Ar. Journes	Where did injury occur?
Location West Friendship md	Injured at home, farm, industry, public place (where?)
18. Funeral director Scott 7 Minnish Lan	Means of injury Injured at work?
Address Magualous mel	Land Journa My D
19. 7 Eb 21 19.45 Chast Bowers, (Date ree'd by registrar)  Registrar	148 M Potemas St. M. D. or other Address Date signed 21/45



PLEASE

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

# CERTIFICATE OF DEATH

112146 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother)
County Washington,	(For newborn Infants give residence of mother)  State liaryland
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)	ALL STATE OF THE S
How long in above place of death? 1 Week	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:  Washington County Hospital	Street No. 307 Summit Ave
7 17 - 3	(If rural, give LOCATION)
Now long in nospital or institutions.	2.(a) If veteran, name warNone
3. (a) FULL NAME	3. (b) Social Security Number
Harvey William Zeigler	None 3
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH February 21 1945 19 at 11 Pm
6.(b) Name of husband or wife Maude	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Ontohon C 2 055	Jan 30 1945, 10 7-2621 1945
7. Sirth date of deceased (mo., day, yr.) Ogtober 3 1855	and that I las saw h. Can. alive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
89 4 19hrsmin.	Jan
9. 6 rihplace Leitersburg Wash. Co. Md (Town, county, and state)	Due to artero Seleroso 10 yrs
10. Usuat occupation R. R. Express	
11. Industry or business Retired	Due to
	Other conditions Clare Mehanitis 24rs
12 Name Charles Zeigler 13 Birthplace Leitersburg Md.	Ville Windings
14. Maiden name Margaret Barnhart 15. Buthplace Leitersburg Md.  16. Automani Harvey P. Zeigler	(Include pregnancy within 3 months of death)
Is Birtholace Leitersburg Md.	Major findings of operations
16. Interment Harvey P. Zeigler	Autopsy results.
U mara na cha mara Mal	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following;
Burial Burial Bate thereof 2/24/45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill cemetery	Where did injury occur?
Location Hagerstown Me.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffnan	Means of Injury Injured at work?
Homenstewn Md	56' 60 - 0
Address Magerstown Mu.	23. SIGNATURE OFFTS WELLY M. D.
19. — El 19. — Philippolar Registrar)  (Date ree'd by registrar)  Registrar	Address Hagerstown md Date signed 2/23/43

